



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 8000 MAINTENANCE REPORT

RECEIVED

By Carol Day at 10:11 am, Jun 26, 2015

REPORT #2

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send one copy to Department of Health and Senior Services, and retain one copy in department file.

INSTRUMENT SERIAL NUMBER 80-005828	LOCATION OF INSTRUMENT WEBB CITY P. D.	DATE OF INSPECTION 06/26/2015	TIME OF INSPECTION 01:09
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	01:10	WET	15050	03/09/2017
Cal Check	0.097	01:11	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	01:12	34.	MP2947	06/23/2016
Cal Check	0.097	01:12	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	01:13	0.100	GUTH	
Cal Check	0.098	01:14	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	01:14	0.097		
Pass			CALIBRATION CHECK RESULT 2		
			0.097		
			CALIBRATION CHECK RESULT 3		
			0.098		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			3.0%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass/Fail		Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	01:15
RAM Test	Pass		Subject Test	RFI*	01:15
EEPROM Checksum Test	Pass		Air Blank	0.000	01:16
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		Pass		
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				
Pass					

NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT						
REFUSALS	.00-.04	.05-.09	.10-.14	.15-.19	OVER .19	
0	0	0	0	0	0	0

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER		
SIGNATURE <i>G. Pachlhofer</i> 426	PRINT NAME GREGORY PACHLHOFER	
TYPE II PERMIT NUMBER 240295	EXPIRATION DATE 06/27/2016	TELEPHONE NUMBER 4176731911



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

—CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 15050 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 11, 2015, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1218% (w/vol) ethyl alcohol. The expiration date for this lot number is March 9, 2017 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN08051301 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II

GREGORY S PACHLHOFFER

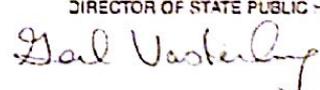
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOXILYZER 8000, ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 7/15/2014
NUMBER 240297
EXPIRES 7/15/2016



DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 582-0771 (6-10)

LAB-4 (RS-10)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator PACHLHOFFER GREGORY
Permit No 240297
Date Issued 7/15/2014 Date Expires 7/15/2016



Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations:
19 CSR 25-30.051 (4).

	Webb City Police Department	Avg. Temp. 34.02 Min. Temp. 34.02 Max. Temp. 34.02
Therm serial # 093752 Serial # MP 2947		CHECKED BY: RW
	Expiration Date: 06/23/2016 Date Checked: 06/23/2015	

Technician Printed Name: ROBERT WELSH

Technician Signature: 

Date: 06/23/2015

Contact: Missouri Safety Center
Breath-Alcohol Instrument Training Program
660-543-4834