

WAS SENT TO US PRIOR TO
1/24/16
BUT RECEIVED LATE DUE TO
CLERICAL ISSUE ON OUR PART.
BML - 1/29/16

RECEIVED

By Brian Lutmer at 2:44 pm, Jan 29, 2016



SENIOR SERVICES
CMI INTOXILYZER 8000 MAINTENANCE REPORT

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 80-005846	LOCATION OF INSTRUMENT IPD DETENTION	DATE OF INSPECTION 01/08/2016	TIME OF INSPECTION 22:51
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE WET	STANDARD LOT # 14220	STANDARD EXPIRATION DATE 09/24/2016
Air Blank	0.000	22:53	SIM TEMPERATURE 34.0	SIM SERIAL NUMBER DR4900	SIM CERTIFICATE EXPIRATION 02/19/2016
Cal Check	0.101	22:54	STANDARD VALUE 0.100	STANDARD SUPPLIER GUTH LAB INC	
Air Blank	0.000	22:54	CALIBRATION CHECK RESULT 1 0.101		
Cal Check	0.101	22:55	CALIBRATION CHECK RESULT 2 0.101		
Air Blank	0.000	22:55	CALIBRATION CHECK RESULT 3 0.101		
Cal Check	0.101	22:56	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.0%	SPREAD (MUST BE .005 OR LESS) 0.000	
Air Blank	0.000	22:57	Pass		

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	0.000	22:57
EEPROM Checksum Test	Pass		Subject Test	RFI*	22:57
Real Time Clock Test	Pass		Air Blank	RFI*	22:58
DSP Test	Pass		*RFI Detect		
Analytical Stability Test	Pass		Pass		
Modem Test	Pass		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		
2	12	4	5	2	7		

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).

During this Maintenance Report RFI was also Detected During the Air Blank Phase. The Maintenance Report was Conducted again to verify all systems operational. The Second Report shows only RFI During the Subject test Phase of the RFI test. Polar bat #1460

INSPECTING OFFICER			
SIGNATURE <i>Ron Baltzer #1460</i>		PRINT NAME RON BALTZER	
TYPE II PERMIT NUMBER 250171	EXPIRATION DATE 07/23/2017	TELEPHONE NUMBER 816-325-7300	



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14220 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 25, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1209% (w/vol) ethyl alcohol. The expiration date for this lot number is September 24, 2016 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.



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).

Checked: 02/19/2015 Expires: 02/19/2016
Digital Therm. SN:358440
MSC Tech: DDD Temp: 34.00
Agency: Independence Police Dept
DR4900



Technician Printed Name: _____

Donald D. DeBoard

Technician Signature: _____

Donald D. DeBoard

Date: _____

2-19-15

Contact: Missouri Safety Center
Breath-Alcohol Instrument Training Program

660-543-4834



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

2

**PERMIT
 TYPE II**

RON BALTZER

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

INTOXILYZER 8000

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 7/23/2015

NUMBER 250171

EXPIRES 7/23/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 BALTZER, RON
 Permit No 250171
 Date Issued 7/23/2015 Date Expires 7/23/2017

IN THE STATE OF MISSOURI
COUNTY OF JACKSON

AFFIDAVIT

Before me, the undersigned authority personally appears
Who, being by me duly sworn, deposed as follows:

Todd W Hargis

My name is Todd W Hargis I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.

I am the custodian of the records of *Intoxilyzer 8000 Serial number* 80-005846. Attached hereto are 4 pages of records from the **Independence Missouri Police Department**. These pages of records are kept by the **Independence Missouri Police Department** in regular course of business of the **Independence Missouri Police Department** for an employee or representative of the **Independence Missouri Police Department** with the knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record, and the record was made at or near the time of the act, event, condition, opinion or diagnoses. The records attached hereto are the original or exact duplicates of the original.

Todd W Hargis
AFFIANT

Subscribed and sworn to me on this 19th day of January, 2016.

[Signature]
NOTARY PUBLIC



SAMANTHA MORRIS
My Commission Expires
January 24, 2017
Jackson County
Commission #13439145