



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
**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 04/09/2016	TIME OF INSPECTION 18:30
---------------------------------------	-----------------------------------------	----------------------------------	-----------------------------

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	18:33	SIM TEMPERATURE 34.0	SIM SERIAL NUMBER DR4900	SIM CERTIFICATE EXPIRATION 02/09/2017
Cal Check	0.102	18:34	STANDARD VALUE 0.100	STANDARD SUPPLIER GUTH LAB INC	
Air Blank	0.000	18:34	CALIBRATION CHECK RESULT 1 0.102		
Cal Check	0.103	18:35	CALIBRATION CHECK RESULT 2 0.103		
Air Blank	0.000	18:35	CALIBRATION CHECK RESULT 3 0.103		
Cal Check	0.103	18:36	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 3.0%		
Air Blank	0.000	18:37	SPREAD (MUST BE .005 OR LESS) 0.001		

**Pass**

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		-----		
EEPROM Checksum Test	Pass		Air Blank	0.000	18:37
Real Time Clock Test	Pass		Subject Test	RFI*	18:37
DSP Test	Pass		Air Blank	0.000	18:38
Analytical Stability Test	Pass		*RFI Detect		
Modem Test	Pass		<b>Pass</b>		
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	
4	7	0	2	3	2	

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).

<b>INSPECTING OFFICER</b>		
SIGNATURE <i>Todd Hargis</i>	PRINT NAME TODD HARGIS	
TYPE II PERMIT NUMBER 250157	EXPIRATION DATE 07/22/2017	TELEPHONE NUMBER 816 325-7293



**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 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.*



Missouri Department of Health and Senior Services  
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466  
 Peter Lyskowski  
 Director



Jeremiah W. (Jay) Nixon  
 Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

Simulator Serial Number: DR4900      Manufacturer: Guth  
 Model Number: 2100  
 Agency: INDEPENDENCE PD  
 Agency Address: 223 N MEMORIAL, INDEPENDENCE, MO 64050

## NIST THERMOMETER INFORMATION

Serial Number: 093752      Bias: 0.00  
 Uncertainty: 0.02  
 Date of Certification: 9/8/2015      Date of Expiration: 9/8/2016

## ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

## VERIFICATION RESULTS

<u>Simulator Average</u>	<u>NIST Average</u>	<u>Combined Uncertainty</u>
34.00	.00	0.02

The combined uncertainty is calculated with a k=2 value.

## ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 2/9/2016  
 Certification Expiration: 2/9/2017  
 Simulator testing technician: D. LUCAS

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: ELLEN STRAWSINE  
 Certification No: DR4900\_292016

X

DHSS BAP Scientist Approving



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



**PERMIT**  
**TYPE II**  
**TODD W HARGIS**

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.

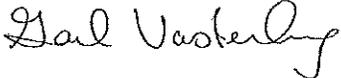
DATE 7/22/2015

NUMBER 250157

EXPIRES 7/22/2017

MO 580-0771 (6-10)

  
\_\_\_\_\_  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
\_\_\_\_\_  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 HARGIS, TODD  
Permit No 250157  
Date Issued 7/22/2015 Date Expires 7/22/2017

IN THE STATE OF MISSOURI  
COUNTY OF JACKSON

**AFFIDAVIT**

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

My name is Todd 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 8D-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 Hargis  
AFFIANT

Subscribed and sworn to me on this 11 day of April, 2016.



SHARI L. RECTOR  
My Commission Expires  
December 16, 2019  
Jackson County  
Commission #11416504

Shari L. Rector  
NOTARY PUBLIC