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By Carol Day at 11:01 am, May 12, 2016



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 05/10/2016	TIME OF INSPECTION 10:24
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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	10:26	SIM TEMPERATURE 34.0	SIM SERIAL NUMBER DR4900	SIM CERTIFICATE EXPIRATION 02/09/2017
Cal Check	0.098	10:27	STANDARD VALUE 0.100	STANDARD SUPPLIER GUTH LAB INC	
Air Blank	0.000	10:28	CALIBRATION CHECK RESULT 1 0.098		
Cal Check	0.099	10:28	CALIBRATION CHECK RESULT 2 0.099		
Air Blank	0.000	10:29	CALIBRATION CHECK RESULT 3 0.099		
Cal Check	0.099	10:29	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 2.0%		
Air Blank	0.000	10:30	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	10:31
Real Time Clock Test	Pass		Subject Test	RFI*	10:31
DSP Test	Pass		Air Blank	0.000	10:31
Analytical Stability Test	Pass		*RFI Detect		
Modem Test	Pass		Pass		
Temperature Regulation Test	Pass		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	
3	20	2	5	1	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).

INSPECTING OFFICER

SIGNATURE 	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.



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

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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



Missouri Department of Health and Senior Services
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-8400 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

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 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 Hargis
AFFIANT

Subscribed and sworn to me on this 12 day of May, 2016.

Shari L. Rector
NOTARY PUBLIC



SHARI L. RECTOR
My Commission Expires
December 15, 2019
Jackson County
Commission #11418504