

**RECEIVED**

By Carol Day at 11:57 am, Aug 08, 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 08/08/2016	TIME OF INSPECTION 09:12
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
-----	-----	-----	WET	14220	09/24/2016
Air Blank	0.000	09:14	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Cal Check	0.100	09:15	34.0	DR4900	02/09/2017
Air Blank	0.000	09:16	STANDARD VALUE	STANDARD SUPPLIER	
Cal Check	0.101	09:16	0.100	GUTH LAB INC	
Air Blank	0.000	09:17	CALIBRATION CHECK RESULT 1		
Cal Check	0.099	09:18	0.100		
Air Blank	0.000	09:18	CALIBRATION CHECK RESULT 2		
<b>Pass</b>			0.101		
			CALIBRATION CHECK RESULT 3		
			0.099		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.0%	0.002	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		-----	-----	-----
RAM Test	Pass		Air Blank	0.000	09:19
EEPROM Checksum Test	Pass		Subject Test	RFI*	09:19
Real Time Clock Test	Pass		Air Blank	0.000	09:19
DSP Test	Pass		*RFI Detect		
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				
<b>Pass</b>			<b>Pass</b>		

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	
6	22	3	6	1	1	

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>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

2

**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

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