



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<br>80-005847 | LOCATION OF INSTRUMENT<br>IPD BAT STATION 1 | DATE OF INSPECTION<br>08/08/2016 | TIME OF INSPECTION<br>10:22 |
|---------------------------------------|---|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS |        |       | CALIBRATION CHECK SUMMARY             |                               |                            |
|---------------------------|--------|-------|---------------------------------------|-------------------------------|----------------------------|
| Test                      | g/210L | Time  | STANDARD TYPE                         | STANDARD LOT #                | STANDARD EXPIRATION DATE   |
| Air Blank                 | 0.000  | 10:24 | WET                                   | 14220                         | 09/24/2016                 |
| Cal Check                 | 0.100  | 10:25 | SIM TEMPERATURE                       | SIM SERIAL NUMBER             | SIM CERTIFICATE EXPIRATION |
| Air Blank                 | 0.000  | 10:25 | 34.0                                  | DR4900                        | 02/09/2017                 |
| Cal Check                 | 0.101  | 10:26 | STANDARD VALUE                        | STANDARD SUPPLIER             |                            |
| Air Blank                 | 0.000  | 10:26 | 0.100                                 | GUTH LAB INC                  |                            |
| Cal Check                 | 0.101  | 10:27 | CALIBRATION CHECK RESULT 1            |                               |                            |
| Air Blank                 | 0.000  | 10:28 | 0.100                                 |                               |                            |
| <b>Pass</b>               |        |       | CALIBRATION CHECK RESULT 2            |                               |                            |
|                           |        |       | 0.101                                 |                               |                            |
|                           |        |       | CALIBRATION CHECK RESULT 3            |                               |                            |
|                           |        |       | 0.101                                 |                               |                            |
|                           |        |       | MAXIMUM DEVIATION (MUST BE WITHIN 5%) | SPREAD (MUST BE .005 OR LESS) |                            |
|                           |        |       | 1.0%                                  | 0.001                         |                            |

| DIAGNOSTIC TEST RESULTS     |        |      | RFI TEST RESULTS |        |       |
|-----------------------------|--------|------|------------------|--------|-------|
| Test                        | Result | Time | Test             | g/210L | Time  |
| Voltage/Current Test        | Pass   |      | Air Blank        | 0.000  | 10:28 |
| RAM Test                    | Pass   |      | Subject Test     | RFI*   | 10:28 |
| EEPROM Checksum Test        | Pass   |      | Air Blank        | 0.000  | 10:29 |
| Real Time Clock Test        | Pass   |      | *RFI Detect      |        |       |
| DSP Test                    | Pass   |      | <b>Pass</b>      |        |       |
| Analytical Stability Test   | Pass   |      |                  |        |       |
| Modem Test                  | Pass   |      |                  |        |       |
| Temperature Regulation Test | Pass   |      |                  |        |       |
| <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 |   |
| 1   | 7       | 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<br><i>Todd Hargis</i> |                               | PRINT NAME<br>TODD HARGIS        |  |
| TYPE II PERMIT NUMBER<br>250157 | EXPIRATION DATE<br>07/22/2017 | TELEPHONE NUMBER<br>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**

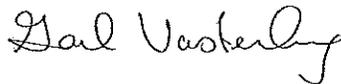
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 7/22/2015

NUMBER 250157

EXPIRES 7/22/2017

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