

RECEIVED

By Tracy Crews at 12:04 pm, Jan 27, 2023



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 80-005849		LOCATION OF INSTRUMENT GRAIN VALLEY POLICE		DATE OF INSPECTION 01/27/2023		TIME OF INSPECTION 04:04	
CALIBRATION CHECK RESULTS				CALIBRATION CHECK SUMMARY			
Test	g/210L	Time		STANDARD TYPE WET	STANDARD LOT # 22310	STANDARD EXPIRATION DATE 09/11/2024	
Air Blank	0.000	04:17		SIM TEMPERATURE 34.0	SIM SERIAL NUMBER SD1434	SIM CERTIFICATE EXPIRATION 09/07/2023	
Cal Check	0.097	04:17		STANDARD VALUE 0.100	STANDARD SUPPLIER GUTH		
Air Blank	0.000	04:18		CALIBRATION CHECK RESULT 1 0.097			
Cal Check	0.098	04:18		CALIBRATION CHECK RESULT 2 0.098			
Air Blank	0.000	04:19		CALIBRATION CHECK RESULT 3 0.099			
Cal Check	0.099	04:20		MAXIMUM DEVIATION (MUST BE WITHIN 5%) 3.0%		SPREAD (MUST BE .005 OR LESS) 0.002	
Air Blank	0.000	04:20		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	04:21	
Real Time Clock Test		Pass		Subject Test	RFI*	04:21	
DSP Test		Pass		Air Blank	0.000	04:21	
Analytical Stability Test		Pass		*RFI Detect			
Modem Test		Pass		Pass			
Temperature Regulation Test		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		
0	1	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). N							
INSPECTING OFFICER							
SIGNATURE 				PRINT NAME SHANNON CARR			
TYPE II PERMIT NUMBER 220219			EXPIRATION DATE 09/09/2024		TELEPHONE NUMBER 8168476250		

AS IV Serial no: 111756
Version no: 532B

TEST RECORD 00163

Temp Date Time 210L

s/

Air Blank:
01/27/23 04:31 .000
Calibration Check:
16 01/27/23 04:31 .104

Subject Name

TEST 1

Subject I.D.

Operator Name, I.D.

SHANNON CARR 220219

Location

711 N. MAIN

GRAIN VALLEY

AS IV Serial no: 111756
Version no: 532B

TEST RECORD 00164

Temp Date Time 210L

s/

Air Blank:
01/27/23 04:33 .000
Calibration Check:
17 01/27/23 04:33 .103

Subject Name

TEST 2

Subject I.D.

Operator Name, I.D.

SHANNON CARR 220219

Location

711 N. MAIN

GRAIN VALLEY

AS IV Serial no: 111756
Version no: 532B

TEST RECORD 00165

Temp Date Time 210L

s/

Air Blank:
01/27/23 04:34 .000
Calibration Check:
18 01/27/23 04:34 .103

Subject Name

TEST 3

Subject I.D.

Operator Name, I.D.

SHANNON CARR 220219

Location

711 N. MAIN

GRAIN VALLEY

AS IV Serial no: 111756
Version no: 532B

TEST RECORD 00166

Temp Date Time 210L

s/

VOID: RFI
12 01/27/23 04:35

Subject Name

TEST 4

Subject I.D.

Operator Name, I.D.

SHANNON CARR 220219

Location

711 N. MAIN

GRAIN VALLEY



Paula Nickelson
 Acting Director

Michael L. Parson
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: SD1434 Manufacturer: Guth
 Model Number: 10-4D
 Agency: GRAIN VALLEY PD
 Agency Address: 711 MAIN ST, GRAIN VALLEY, MO 64029

NIST THERMOMETER INFORMATION

Serial Number: 17KMM00690 Bias: 0.01
 Uncertainty: 0.02
 Date of Certification: 11/10/2021 Date of Expiration: 11/10/2022

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	34.00	.03

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 9/7/2022
 Certification Expiration: 9/7/2023
 Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO

Certification No: SD1434_972022

X *Brianna Medrano*

DHSS BAP Scientist Approving



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 **22310** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **August 16, 2022**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1205%** (w/vol) ethyl alcohol. The expiration date for this lot number is **August 11, 2024** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 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 **FN03052002** 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



PERMIT
TYPE II
SHANNON L. CARR

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

ALCO-SENSOR IV WITH PRINTER, 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 9/9/2022

NUMBER 220219

EXPIRES 9/9/2024

Laura Q. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Ramsey

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 CARR, SHANNON
 Permit No 220219
 Date Issued 9/9/2022 Date Expires 9/9/2024

