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By Tracy Crews at 10:51 am, Jul 10, 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 07/05/2023	TIME OF INSPECTION 16:32
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CALIBRATION CHECK RESULTS

Test	g/210L	Time
Air Blank	0.000	16:34
Cal Check	0.095	16:35
Air Blank	0.000	16:35
Cal Check	0.096	16:36
Air Blank	0.000	16:37
Cal Check	0.097	16:37
Air Blank	0.000	16:38

Pass

CALIBRATION CHECK SUMMARY

STANDARD TYPE WET	STANDARD LOT # 22310	STANDARD EXPIRATION DATE 09/11/2024
SIM TEMPERATURE 34.0	SIM SERIAL NUMBER SD1434	SIM CERTIFICATE EXPIRATION 09/07/2023
STANDARD VALUE 0.100	STANDARD SUPPLIER GUTH	
CALIBRATION CHECK RESULT 1 0.095		
CALIBRATION CHECK RESULT 2 0.096		
CALIBRATION CHECK RESULT 3 0.097		
MAXIMUM DEVIATION (MUST BE WITHIN 5%) 5.0%	SPREAD (MUST BE .005 OR LESS) 0.002	

DIAGNOSTIC TEST RESULTS

Voltage/Current Test	Pass
RAM Test	Pass
EEPROM Checksum Test	Pass
Real Time Clock Test	Pass
DSP Test	Pass
Analytical Stability Test	Pass
Modem Test	Pass
Temperature Regulation Test	Pass

Pass

RFI TEST RESULTS

Test	g/210L	Time
Air Blank	0.000	16:38
Subject Test	RFI*	16:39
Air Blank	0.000	16:39

*RFI Detect

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	0	0	0	1	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
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TYPE II PERMIT NUMBER 220219	EXPIRATION DATE 09/09/2024	TELEPHONE NUMBER 8168476250
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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



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°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 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

2

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

MO 580-9771 (6-10)

Laura C. Wray

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald S. Kamm

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

