

RECEIVED

By Tracy Crews at 8:19 am, Nov 22, 2022



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 11/22/2022	TIME OF INSPECTION 00:22
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
-----	-----	-----	WET	21380	09/13/2023
Air Blank	0.000	00:26	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Cal Check	0.099	00:27	34.0	SD1434	09/07/2023
Air Blank	0.000	00:28	STANDARD VALUE	STANDARD SUPPLIER	
Cal Check	0.099	00:28	0.100	GUTH	
Air Blank	0.000	00:29	CALIBRATION CHECK RESULT 1		
Cal Check	0.100	00:30	0.099		
Air Blank	0.000	00:30	CALIBRATION CHECK RESULT 2		
			0.099		
			CALIBRATION CHECK RESULT 3		
			0.100		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.0%	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	RFI*	00:31
Real Time Clock Test	Pass		Air Blank	0.000	00:31
DSP Test	Pass				
Analytical Stability Test	Pass		*RFI Detect		
Modem Test	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	
0	1	0	0	0	2	

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



GUTH LABORATORIES, INC.
 890 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-864-5470



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 1-800-735-2356 VOICE 1-800-735-2466



Paula Nickelson
 Acting Director

Michael L. Parson
 Governor

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 21380 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 15, 2021, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is September 13, 2023 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

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.

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

Simulator Average	NIST Average	Combined Uncertainty
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

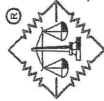
X *Brianna Medrano*

DHSS BAP Scientist Approving

Simulator Calibration Certification
 Issued by Lab Manager, DHSS BAP
 Revision Date: 06/25/2022

Breath Alcohol Program
 1903 Northwood Drive, Suite 4
 Poplar Bluff, MO 63901

DHSS BAP Document 3.6A
 Revision 2
 Page 1 of 1



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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.

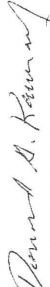
DATE 9/9/2022

NUMBER 220219

EXPIRES 9/9/2024

MO 580-0771 (6-10)


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB 4 (RB-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 analyzer 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

