



MISSOURI DEPARTMENT OF HEALTH  
 STATE PUBLIC HEALTH LABORATORY  
**CMI INTOXILYZER 5000 MAINTENANCE REPORT**

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN _____	DATE OF INSPECTION _____
LOCATION OF INSTRUMENT (STREET AND CITY) _____	TIME OF INSPECTION _____

**CHECKLIST**

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

- DVM TEST: (.350 ± .150) \_\_\_\_\_
- DIAGNOSTIC CHECK (PRINTOUT ATTACHED) \_\_\_\_\_
- CHARACTER DISPLAY TEST \_\_\_\_\_
- PRINT TEST (PRINTOUT ATTACHED) \_\_\_\_\_
- TIME AND DATE \_\_\_\_\_
- CALIBRATION CHECK —  
 Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)
  - 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
  - 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE**(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)**

TEST 1	TEST 2	TEST 3
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- SIMULATOR TEMPERATURE (34° ± .2°C) \_\_\_\_\_
- PERFORM RFI TEST (PRINTOUT ATTACHED) \_\_\_\_\_
- NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: **(DO NOT INCLUDE SIMULATOR TESTS)**

REFUSALS	0-.04	.05-.09	.10-.14	.15-.19	Over .19
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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).

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<b>INSPECTING OFFICER</b>	
SIGNATURE	PRINT NAME
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER