



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
 BREATH ALCOHOL PROGRAM
CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED
 By Carol Day at 9:40 am, Apr 10, 2014

REPORT #4

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
 Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
 Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOXILYZER 5000 SN 66-003614	NAME OF AGENCY Lake Lotawana	DATE OF INSPECTION 04/09/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 100 Lake Lotawana Dr Lake Lotawana, Mo 64086	TIME OF INSPECTION 1435
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CHECKLIST: Place a mark by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

DVM TEST: (.350 ± .150) _____ .315

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 04/09/2014 1436

CHARACTER DISPLAY TEST

PRINT TEST (PRINTOUT ATTACHED)

SIMULATOR SOLUTION SUPPLIER Guth Labs LOT # 13010 EXP. DATE 01/09/2015

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 C SIMULATOR SN DR6933 EXP. DATE 01/17/2015

CALIBRATION CHECK -- (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

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. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
- 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
- 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 → .095	TEST 2 → .096	TEST 3 → .095
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PERFORM RFI TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
 (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0	0-04	0	.05-.09	2	.10-.14	1	.15-.19	1	Over .19	0
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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).

INSPECTING OFFICER	
SIGNATURE <i>Chris F Hawkins</i>	PRINT FULL NAME Chris F Hawkins
TYPE II PERMIT NUMBER/EXPIRATION DATE 230048 03/21/2015	TELEPHONE NUMBER (816) 578-4333

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
 Southeast District Office
 2875 James Blvd.
 Poplar Bluff, MO 63901

**GUTH LABORATORIES, INC.**

630 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-684-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13010 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 14, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL, S/N: 610N9030209, and found to contain 0.1218% (w/vol) ethyl alcohol. The expiration date for this lot number is January 9, 2015 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 FN122211-02 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.

THIS SIDE UP/THIS EDGE IN
GUTH LABORATORIES, INC. 800-233-2339

THIS SIDE UP/THIS EDGE IN
GUTH LABORATORIES, INC. 800-233-2339

STATION
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SH 66-003614
04/09/2014

STATION
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SH 66-003614
04/09/2014

DIAGNOSTIC TEST 14:36

PRON CHECK E735.23 PASSED
RAM CHECK PASSED
TEMP CHECK PASSED
PROCESSOR CHECK
SYNC PULSE PASSED
SYNC SPEED PASSED
NEG STABILITY PASSED
POS STABILITY PASSED
REF RANGE PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMN O PQRSTU VWXYZ
0123456789

TEST	%BAC	TIME
AIR BLANK	.000	14:38
CAL. CHECK	.095	14:39
AIR BLANK	.000	14:39
CAL. CHECK	.096	14:40
AIR BLANK	.000	14:40
CAL. CHECK	.095	14:40
AIR BLANK	.000	14:41

NO RFI PRESENT

SUBJECT'S NAME

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

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**PERMIT
 TYPE II**

CHRIS F HAWKINS

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

INTOXILEYZER 5000

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 03/21/2013

NUMBER 230048

EXPIRES 03/21/2015

MO B90-071 (6-10)

Chris F Hawkins

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David Underberg

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (05-10)