



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

RECEIVED

By Carol Day at 8:41 am, Mar 17, 2014

REPORT #4

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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 66-005020	NAME OF AGENCY Kansas City Missouri Police Department	DATE OF INSPECTION 03/08/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 E Linwood Kansas City, Missouri 64109 (CPD)		TIME OF INSPECTION 1:25 pm

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) .351

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 03/08/2014 13:28

CHARACTER DISPLAY TEST

PRINT TEST (PRINTOUT ATTACHED)

SIMULATOR SOLUTION SUPPLIER Guth Laboratories Inc. LOT # 13210 EXP. DATE 07/29/2015

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2851 EXP. DATE 08/02/2014

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 <input checked="" type="checkbox"/> .097	TEST 2 <input checked="" type="checkbox"/> .095	TEST 3 <input checked="" type="checkbox"/> .096
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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	0	.10-.14	0	.15-.19	0	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).

Breath Instrument was tested and certified within the Department of Health and Senior Services Guidelines.

INSPECTING OFFICER	
SIGNATURE <i>Kori Smeiska #5260</i>	PRINT FULL NAME Kori Smeiska
TYPE II PERMIT NUMBER/EXPIRATION DATE 230169 08/14/2015	TELEPHONE NUMBER (816) 234-5000

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



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

**PERMIT
TYPE II**

KORI SMEISKA

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

INTOXILYZER 5000, 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 8/14/2013

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230169

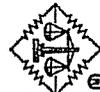
Paul Vukobratovic

EXPIRES 8/14/2015

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MSD 600-0771 (6-10)

LAB 4 (10-10)



GUTH LABORATORIES, INC.
620 NORTH 67TH STREET • HARRISBURG, PA 17111-4111 • TELEPHONE: 717-634-4470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13210 of

Alcohol Reference Solution for Simulator were analyzed by Autosystem XL S/N: 610N9030209, and found to contain 0.1216% (w/vol) ethyl alcohol. The expiration date for this lot number is July 29, 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
Ted L. Pauley, President
GUTH LABORATORIES, INC.

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD

The instrument operator is authorized to operate an Intoxilizer breath analyzer in the State of Missouri for the determination of the alcoholic content of blood from a sample of expired air by Missouri.

Operator: **SMEISKA, KORI**
Permit No: **230169**
Permit Issued: **8/14/2013** Date Expires: **8/14/2015**

NIST Traceability:
Testing was conducted using Certilliant Reference Standard lot number FW122211-02 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.

SN 66-005020
E735.23

03/08/2014
13:29

ABCDEFGHIJKLMN OPQRSTU VWXYZ0123
ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789
ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789!@#
ABCDEFGHIJKLMN
ABCDEFGHIJKLMN OPQR
ABCDEFGHIJKLMN OPQRSTU
ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789!@#

SN 66-005020
E735.23

03/08/2014
13:40

INVALID TEST
INHIBITED - RFI

1200 E LINWOOD KCMD CPD
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005020
03/08/2014

DIAGNOSTIC TEST 13:28

FROM 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 OPQRSTU VWXYZ
0123456789

1200 E LINWOOD KCMD CPD
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005020
03/08/2014

TEST	%BAC	TIME
AIR BLANK	.000	13:37
CAL. CHECK	.097	13:38
AIR BLANK	.000	13:38
CAL. CHECK	.095	13:38
AIR BLANK	.000	13:39
CAL. CHECK	.096	13:39
AIR BLANK	.000	13:40

NO RFI PRESENT

SUBJECT NAME _____

LOCATION OF TEST: _____

P.O. Suresha #5260

OFFICER'S SIGNATURE & SERIAL NO.

Form 123 P.D. (8-91)

SUBJECT NAME _____

LOCATION OF TEST: _____

P.O. Suresha #5260

OFFICER'S SIGNATURE & SERIAL NO.

Form 123 P.D. (8-91)