



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

RECEIVED
 By Carol Day at 3:13 pm, Feb 13, 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 66-005060 | NAME OF AGENCY Chesterfield PD | DATE OF INSPECTION 2-13-14 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 690 Chesterfield Pkwy W Chesterfield, Mo 63017 | | TIME OF INSPECTION 1106 |

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) **.341**

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) **2-13-2014 1106**

CHARACTER DISPLAY TEST

PRINT TEST (PRINTOUT ATTACHED)

SIMULATOR SOLUTION SUPPLIER **RepCo Marketing Inc** LOT # **13002** EXP. DATE **6-19-2015**

SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34.0** SIMULATOR SN **SD2103** EXP. DATE **10-9-2014**

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 • .096 | TEST 2 • .095 | TEST 3 • .096 |
|----------------------|----------------------|----------------------|

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 1 | 0-.04 3 | .05-.09 0 | .10-.14 4 | .15-.19 3 | Over .19 5 |
|-------------------|----------------|------------------|------------------|------------------|-------------------|

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).

This Instrument is operating within DHSS specifications

INSPECTING OFFICER

| | |
|---|---|
| SIGNATURE <i>Terry Cordia</i> | PRINT FULL NAME Terry Cordia |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 220231 9-7-2014 | TELEPHONE NUMBER 636-537-3000 |

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

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.

LOT NUMBER: 13002

EXPIRATION DATE: June 19, 2015 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

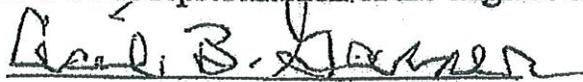
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13002 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1217 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of .100 +/- 3% gms/210L Breath when heated to 34 Degrees Celsius +/- 0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is June 20, 2013
The expiration date for this lot number is June 19, 2015 at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.



Cecil B. Garner, President
RepCo Marketing, Inc.

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



TERRY CORDIA

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

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 09/07/2012

Number 220231

Expires 09/07/2014

Director of State Public Health Laboratory

Director, Department of Health

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

CHESTERFIELD PD
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005060
02/13/2014

DIAGNOSTIC TEST 11:06

| | | |
|-----------------|---------|--------|
| PROM 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 OPQRSTUVWXYZ
0123456789

Maintenance
SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

R. Zylka 132
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 66-005060
E735.23

02/13/2014
11:15

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#*abcde
ABCDEFGHIJKLMNO
ABCDEFGHIJKLMNO
ABCDEFGHIJKLMNO
ABCDEFGHIJKLMNO
ABCDEFGHIJKLMNO

Maintenance

SUBJECT'S NAME

TIME FIRST SERVED

INSTRUMENT LOCATION

PT Zylber 132

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

CHESTERFIELD PD
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005060
02/13/2014

| TEST | %BAC | TIME |
|------------|------|-------|
| AIR BLANK | .000 | 11:16 |
| CAL. CHECK | .096 | 11:16 |
| AIR BLANK | .000 | 11:17 |
| CAL. CHECK | .095 | 11:17 |
| AIR BLANK | .000 | 11:18 |
| CAL. CHECK | .096 | 11:18 |
| AIR BLANK | .000 | 11:18 |

NO RFI PRESENT

Maintenance

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

PT Z Carter 130

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 66-005060
E735.23
INVALID TEST
INHIBITED - RFI

02/13/2014
11:20

Maintenance
SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

PT Zylber (32)
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER[®] INSTRUMENT PRINTER CARD

CMI
INC

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