



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

RECEIVED
 By Carol Day at 9:30 am, Feb 11, 2014

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 66002941	NAME OF AGENCY City of Woodson Terrace	DATE OF INSPECTION 02/11/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 4305 Woodson Rd., Woodson Terrace, MO		TIME OF INSPECTION 9:00 am

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) _____ **0.345**

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) _____ DATE AND TIME (FROM PRINTOUT) **02/11/2014 08:44**

CHARACTER DISPLAY TEST

PRINT TEST (PRINTOUT ATTACHED)

SIMULATOR SOLUTION SUPPLIER **Guth Laboratories** _____ LOT # **12170** _____ EXP. DATE **09/05/2014**

SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ **34.0** _____ SIMULATOR SN **DR3942** _____ EXP. DATE _____

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 ➡ 0.099	TEST 2 ➡ 0.096	TEST 3 ➡ 0.098
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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	0-0.04	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).

Instrument is operating within DOHSS/BAP standards

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Patrolman Eddie Lee #77
TYPE II PERMIT NUMBER/EXPIRATION DATE 210072 05/20/2013	TELEPHONE NUMBER (314) 427-5858

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**

EDDIE LEE

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

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 05/28/2013

NUMBER 230094

EXPIRES 05/28/2015

W. W. S.

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Deal Veeberly

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 12170 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 11, 2012, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1215% (w/vol) ethyl alcohol. The expiration date for this lot number is September 5, 2014 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.

WOODSON TERRACE POLICE
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-002941
02/11/2014

SN 66-002941
E735, 23
INVALID TEST
INHIBITED - RFI

02/11/2014
08:48

TEST	XBAC	TIME
AIR BLANK	.000	08:44
CAL. CHECK	.099	08:45
AIR BLANK	.000	08:45
CAL. CHECK	.096	08:46
AIR BLANK	.000	08:46
CAL. CHECK	.098	08:46
AIR BLANK	.000	08:47

NO RFI PRESENT

SUBJECT'S NAME

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD



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SN 66-002941
E735.23

02/11/2014
08:48

ABCDEFGHIJKLMN OPQRSTUVWXYZ0123
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789!@#
ABCDEFGHIJKLMN
ABCDEFGHIJKLMN OP
ABCDEFGHIJKLMN OPQRSTU
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789!@#

WOODSON TERRACE POLICE
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-002941
02/11/2014

DIAGNOSTIC TEST 08:48

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 OPQRSTUVWXYZ
0123456789

.345

SUBJECT'S NAME

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

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