



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

RECEIVED
 By Carol Day at 8:43 am, Apr 10, 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 04/08/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 4305 Woodson Rd., Woodson Terrace, MO		TIME OF INSPECTION 10:20 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.

<input checked="" type="checkbox"/> DVM TEST: (-.350 ± .150) _____ 0.330
<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED) _____ DATE AND TIME (FROM PRINTOUT) 04/08/2014 22:28
<input checked="" type="checkbox"/> CHARACTER DISPLAY TEST
<input checked="" type="checkbox"/> PRINT TEST (PRINTOUT ATTACHED)
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER Guth Laboratories _____ LOT # 14030 _____ EXP. DATE 01/20/2016
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ 34.0 _____ SIMULATOR SN DR3942 _____ EXP. DATE _____
<input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 ➡ 0.099%	TEST 2 ➡ 0.096%	TEST 3 ➡ 0.097%
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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	1
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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
 Time corrected. Was behind about 1 hour
 Simulator bottle #113

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Patrolman Eddie Lee #77
TYPE II PERMIT NUMBER/EXPIRATION DATE 230094 05/18/2015	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

2

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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 **14030** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **January 22, 2014**, 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 **January 20, 2016** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 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.

SN 66-002941
E735, 23

04/08/2014
22:31

ABCDEFGHIJKLMN OPQRSTU VWXYZ0123
ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789
ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789!@#\$abcde
ABCDEFGHIJKLMN O
ABCDEFGHIJKLMN OPQR
ABCDEFGHIJKLMN OPQRSTU
ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789!@#\$abcde

WOODSON TERRACE POLICE
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-002941
04/08/2014

TEST	%BAC	TIME
AIR BLANK	.000	22:28
CAL. CHECK	.099	22:29
AIR BLANK	.000	22:29
CAL. CHECK	.096	22:30
AIR BLANK	.000	22:30
CAL. CHECK	.097	22:30
AIR BLANK	.000	22:31

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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INTOXILYZER® INSTRUMENT PRINTER CARD



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

04/08/2014
22:32

WOODSON TERRACE POLICE
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-002941
04/08/2014

DIAGNOSTIC TEST 22:28

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 ,

SUBJECT'S NAME

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Alc #77
OPERATOR

Alc #77
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

ADDITIONAL INFORMATION AND/OR REMARKS

