



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

**RECEIVED**  
 By Carol Day at 3:06 pm, Jan 24, 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 <b>66003982</b>	NAME OF AGENCY <b>University of Central Missouri Police</b>	DATE OF INSPECTION <b>01/21/2014</b>
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LOCATION OF INSTRUMENT (STREET AND CITY) <b>306 Broad Street</b>	TIME OF INSPECTION <b>4:06 pm</b>
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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.

<input checked="" type="checkbox"/> DVM TEST: (.350 ± .150) _____	<b>.358</b>
<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (FROM PRINTOUT) <b>01/21/2014 16:05</b>
<input checked="" type="checkbox"/> CHARACTER DISPLAY TEST	
<input checked="" type="checkbox"/> PRINT TEST (PRINTOUT ATTACHED )	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <b>Guth</b>	LOT # <b>13010</b> EXP. DATE <b>01/09/2015</b>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <b>Guth</b>	SIMULATOR SN <b>DR2009</b> EXP. DATE <b>08/26/2014</b>
<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 <b>.095</b>	TEST 2 <b>.095</b>	TEST 3 <b>.096</b>
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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	<b>1</b>	0-.04	<b>0</b>	.05-.09	<b>0</b>	.10-.14	<b>1</b>	.15-.19	<b>0</b>	Over .19	<b>0</b>
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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).

This instrument is operating within the guidelines of the Missouri Department of Health and Senior Services.

Sample Test- This operated properly during the sample breath test.

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT FULL NAME <b>Gary Schmidt</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>220141/0 06/12/2014</b>	TELEPHONE NUMBER <b>(660) 543-4123</b>

**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.**

690 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 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.*

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



GARY B SCHMIDT

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 06/12/2012

Number 220141

Expires 06/12/2014

Director of State Public Health Laboratory

Director, Department of Health

UCM DPS  
 INTOXILYZER - ALCOHOL ANALYZER  
 MO MODEL 5000 SN 66-003982  
 01/21/2014

DIAGNOSTIC TEST 16:05

PROM CHECK E735.22 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  
 ABCDEFGHIJKLMNOPQRSTUVWXYZ  
 0123456789

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 SUBJECT'S NAME  
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 TIME FIRST OBSERVED

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 INSTRUMENT LOCATION

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 \_\_\_\_\_  
 OPERATOR

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 \_\_\_\_\_  
 ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD



© 1986 by CMI INC.

SN 004003982 01/21/2014  
 E735.22 16:06  
 KB CM IC AA

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 Q306 | \_\_\_\_\_  
 Q305 | \_\_\_\_\_  
 Q302 | \_\_\_\_\_  
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 Q304 | \_\_\_\_\_  
 Q301 | \_\_\_\_\_

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 TIME FIRST OBSERVED

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 INSTRUMENT LOCATION

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 OPERATOR

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UCM DPS  
 INTOXILYZER - ALCOHOL ANALYZER  
 MO MODEL 5000 SN 66-003982  
 01/21/2014

TEST	%BAC	TIME
AIR BLANK	.000	16:11
CAL. CHECK	.095	16:11
AIR BLANK	.000	16:11
CAL. CHECK	.095	16:12
AIR BLANK	.000	16:12
CAL. CHECK	.096	16:13
AIR BLANK	.000	16:13

NO RFI PRESENT

SN 66-003982  
 E735.22  
 INVALID TEST  
 INHIBITED - RFI

01/21/2014  
 16:14

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

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UCM DRS  
INTOXILYZER - ALCOHOL ANALYZER  
MO MODEL 5000 SN 66-003982  
01/21/2014

SUB NAME=SAMPLE,TEST,T  
SEX=M DOB =08/18/69  
DRIV LIC=NA/NA  
OFFI. LAST=NA  
OFFICER ID=NA  
OPER. LAST=SCHMIDT  
OPERATOR ID=528  
PERMIT=220141 EXPIRE=06/12/14  
ACCIDENT Y/N =N  
MISC. DATA=SAMPLE TEST

TEST	%BAC	TIME
AIR BLANK	.000	16:16
SUBJECT TEST	.000	16:17
AIR BLANK	.000	16:17

NO RFI PRESENT

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SUBJECT'S NAME

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TIME FIRST OBSERVED INSTRUMENT LOCATION

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OPERATOR

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ADDITIONAL INFORMATION AND/OR REMARKS

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INTOXILYZER® INSTRUMENT PRINTER CARD

