



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

CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED 3/1/14-CD

RECEIVED REPORT #4
By Carol Day at 10:07 am, Apr 15, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days) or
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 66003982	NAME OF AGENCY University of Central Missouri Police Dept.	DATE OF INSPECTION 02/24/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 306 Broad Street, Warrensburg, Missouri 64093		TIME OF INSPECTION 2:11 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) _____	.451
<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (FROM PRINTOUT) 02/24/2014 14:11
<input checked="" type="checkbox"/> CHARACTER DISPLAY TEST	
<input checked="" type="checkbox"/> PRINT TEST (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER Guth	LOT # 13010 EXP. DATE 01/09/2015
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____	34.0 SIMULATOR SN DR2009 EXP. DATE 08/29/2014

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 • .097	TEST 2 • .097	TEST 3 • .097
----------------------	----------------------	----------------------

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	1	.05-.09	0	.10-.14	2	.15-.19	0	Over .19	0
----------	----------	-------	----------	---------	----------	---------	----------	---------	----------	----------	----------

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 instrument operated properly during the sample test.

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

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



PERMIT
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

Lab. 4 (F7-88)

MO 580-0771 (7-88)



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 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.

SN 66-003982

02/24/2014

E735.22

14:12

KB CM IC AA

```

EEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE
EEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE
EEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE
EEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE
EEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE
EEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE
EEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE
EEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE

```

```

HHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHH
HHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHH
HHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHH
HHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHH
HHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHH
HHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHH
HHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHH
HHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHH

```

```

Q307 | -----
Q306 | -----
Q305 | -----
Q302 | -----
Q303 | -----
Q304 | -----
Q301 | -----

```

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND / OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD



© 1986 by CMI INC.

UCM DPS

INTOXILYZER - ALCOHOL ANALYZER

NO MODEL 5000

SN 66-003982

02/24/2014

DIAGNOSTIC TEST

14:11

```

FROM CHECK E735.22 PASSED
RAM CHECK PASSED
TEMP CHECK PASSED
PROCESSOR CHECK PASSED
  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

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND / OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD



© 1986 by CMI INC.

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

02/24/2014
 14:18

UCM DPS
 INTOXILYZER - ALCOHOL ANALYZER
 MO MODEL 5000 SN 66-003982
 02/24/2014

TEST	%BAC	TIME
AIR BLANK	.000	14:14
CAL. CHECK	.097	14:14
AIR BLANK	.000	14:14
CAL. CHECK	.097	14:15
AIR BLANK	.000	14:15
CAL. CHECK	.097	14:16
AIR BLANK	.000	14:16

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD



© 1986 by CMI INC.

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD



© 1986 by CMI INC.

UCM DPS
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-003982
02/24/2014

SUB NAME=SAMPLE,TEST,T
SEX=M DOB =07/18/69
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	14:20
SUBJECT TEST	.000	14:20
AIR BLANK	.000	14:21

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD



© 1986 by CMI INC.