



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

RECEIVED
 By Carol Day at 8:15 am, Apr 03, 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 66003982	NAME OF AGENCY University of Central Missouri Police Dept.	DATE OF INSPECTION 03/27/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 306 Broad Street, Warrensburg, Missouri 64093	TIME OF INSPECTION 4:03 pm
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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.

DVM TEST: (.350 ± .150) _____ .386

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 03/27/2014 4:03 PM

CHARACTER DISPLAY TEST

PRINT TEST (PRINTOUT ATTACHED)

SIMULATOR SOLUTION SUPPLIER Guth LOT # 13290 EXP. DATE 10/29/2015

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 .098	TEST 2 .097	TEST 3 .099
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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	1	0-.04	2	.05-.09	1	.10-.14	1	.15-.19	3	Over .19	2
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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 instrument operated properly during the sample breath test.

INSPECTING OFFICER

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



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

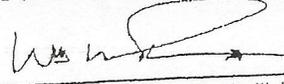
for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

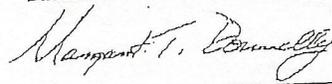
Date 06/12/2012

Number 220141

Expires 06/12/2014

MO 586-0771 (7-88)


Director of State Public Health Laboratory


Director, Department of Health

Lab. 4 (R7-88)



GUTH LABORATORIES, INC.

600 HUNTERS LANE STREET • HARRISBURG, PA 17101-4011 • TELEPHONE: 717-654-4070

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 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
 E735.22
 INVALID TEST
 INHIBITED - RFI

03/27/2014
 16:11

UCM DPS
 INTOXILYZER - ALCOHOL ANALYZER
 MO MODEL 5000 SN 66-003982
 03/27/2014

SUB NAME=TEST, SAMPLE, B
 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	16:14
SUBJECT TEST	.000	16:15
AIR BLANK	.000	16:15

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD



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SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

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UCM DPS
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-003982
03/27/2014

DIAGNOSTIC TEST 16:03

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
ABCDEFGHIJKLMN OPQRSTUVWXYZ
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED

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