



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

RECEIVED
 By Carol Day at 3:25 pm, May 12, 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 66003982	NAME OF AGENCY University of Central Missouri PD	DATE OF INSPECTION 04/28/2014
---------------------------------	---	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 306 Broad Street, Warrensburg, Missouri	TIME OF INSPECTION 9:10 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) _____ .411

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 04/27/2014 13:18

CHARACTER DISPLAY TEST

PRINT TEST (PRINTOUT ATTACHED)

SIMULATOR SOLUTION SUPPLIER Guth LOT # 14030 EXP. DATE 01/20/2016

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 .096	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	0	.05-.09	4	.10-.14	2	.15-.19	4	Over .19	2
----------	---	-------	---	---------	---	---------	---	---------	---	----------	---

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).

Corrected dated and time.

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 II PERMIT NUMBER/EXPIRATION DATE 22014/ 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



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 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-BB)



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.

UCM DPS
 INTOXILYZER - ALCOHOL ANALYZER
 MO MODEL 5000 SN 66-003982
 04/27/2014

DIAGNOSTIC TEST 13:18

PROM 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
 ABCDEFGHIJKLMNOPQRSTUVWXYZ
 0123456789

 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
 04/28/2014

SUB NAME=SAMPLE,S,S
 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	09:21
SUBJECT TEST	.000	09:21
AIR BLANK	.000	09:21

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.

OCM DPS
 INTOXILYZER - ALCOHOL ANALYZER
 NO MODEL 5000 SN 66-003982
 04/28/2014

TEST	%BAC	TIME
AIR BLANK	.000	09:13
CAL. CHECK	.096	09:13
AIR BLANK	.000	09:13
CAL. CHECK	.097	09:14
AIR BLANK	.000	09:14
CAL. CHECK	.097	09:15
AIR BLANK	.000	09:15

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.

SN 66-003982

04/28/2014

E735.22

09:11

KB CM IC AA

EE
 EEE
 EEE
 EEE
 EEE
 EEE
 EEE
 HHH
 HHH
 HHH
 HHH
 HHH
 HHH
 HHH
 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.

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

04/28/2014
09:17

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

© 1986 by CMI INC.

