



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

received 3/1/14-cd

REVIEWED By Carol Day at 11:32 am, Mar 14, 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 66004891	NAME OF AGENCY Sikeston DPS	DATE OF INSPECTION 02-23-14
LOCATION OF INSTRUMENT (STREET AND CITY) 701 S. Kings Highway, Sikeston		TIME OF INSPECTION 1003

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) **OK**
- DIAGNOSTIC CHECK (PRINTOUT ATTACHED) **OK** DATE AND TIME (FROM PRINTOUT) **02-23-14 1004**
- CHARACTER DISPLAY TEST **OK**
- PRINT TEST (PRINTOUT ATTACHED) **OK**
- SIMULATOR SOLUTION SUPPLIER: **Guth Laboratories** LOT # **13290** EXP. DATE **10-29-15**
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34.0°C** SIMULATOR SN **SD 2245** EXP. DATE **03-12-14**
- 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 = .103	TEST 2 = .103	TEST 3 = .100
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- PERFORM RFI TEST (PRINTOUT ATTACHED) **OK**

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 1	.15-.19 0	Over .19 0
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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 functioning within D.O.H. standards.

INSPECTING OFFICER

SIGNATURE Franklin C. Adams	PRINT FULL NAME Franklin C. Adams
TYPE II PERMIT NUMBER/EXPIRATION DATE 220 200 08-21-14	TELEPHONE NUMBER 471-6200

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.**

600 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of $0.100 \text{ g}/210\text{L} \pm 3\%$.

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.

THIS SIDE UP, THIS EDGE IN, FORM NUMBER 015010

201 S. KINGSHIGHWAY
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 3000 SN 65-554531
02/23/2014

TEST	RESULT	TIME
AIR BLANK	.000	10:06
CAL. CHECK	.100	10:06
AIR BLANK	.000	10:07
CAL. CHECK	.100	10:07
AIR BLANK	.000	10:07
CAL. CHECK	.100	10:08
AIR BLANK	.000	10:08

NO RFI PRESENT

SN 65-554531
E735.23
INVALID TEST
INHIBITED - RFI

02/23/2014
10:08

SUBJECT'S NAME

INSTRUMENT LOCATION

TIME FIRST OBSERVED

Donald A. Carson
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER INSTRUMENT PRINTER CARD

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SUBJECT'S NAME

INSTRUMENT LOCATION

TIME FIRST OBSERVED

Donald A. Carson
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER INSTRUMENT PRINTER CARD

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THIS SIDE UP, THIS EDGE IN, FORM NUMBER 015010

SN 66-664891
E736.23
INHALID TEST
INHIBITED - RFI
02/23/2014
10:05

TEST	MSHC	TIME
AIR BLANK	.000	10:05
CHL. CHECK	.100	10:05
AIR BLANK	.000	10:07
CHL. CHECK	.100	10:07
AIR BLANK	.000	10:07
CHL. CHECK	.100	10:08
AIR BLANK	.000	10:08

NO RFI PRESENT

Z91 S. KINGSHIGHWAY
INTOXILIZER - ALCOHOL ANALYZER
NO MODEL 3000 SN 66-664891
02/23/2014

SUBJECT'S NAME

INSTRUMENT LOCATION

TIME FIRST OBSERVED
OPERATOR
Frank A. Cas

ADDITIONAL INFORMATION AND/OR REMARKS



INTOXILIZER® INSTRUMENT PRINTER CARD

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SUBJECT'S NAME

INSTRUMENT LOCATION

TIME FIRST OBSERVED
OPERATOR
Frank A. Cas

ADDITIONAL INFORMATION AND/OR REMARKS



INTOXILIZER® INSTRUMENT PRINTER CARD

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State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



FRANKLIN C ADAMS

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 08/21/2012

Number 220200

Expires 08/21/2014

Director of State Public Health Laboratory

Director, Department of Health