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By Brian Lutmer at 4:40 pm, Jan 21, 2015



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

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 04-11-14
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LOCATION OF INSTRUMENT (STREET AND CITY) 201 S. Kingshighway, Sikeston	TIME OF INSPECTION 1825
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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) OK
- DIAGNOSTIC CHECK (PRINTOUT ATTACHED) OK DATE AND TIME (FROM PRINTOUT) 04-11-14 1826
- 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°C SIMULATOR SN SD 2245 EXP. DATE 3-12-14
- 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 = <u>.102</u>	TEST 2 = <u>.101</u>	TEST 3 = <u>.100</u>
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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 <u>0</u>	0-.04 <u>0</u>	.05-.09 <u>0</u>	.10-.14 <u>0</u>	.15-.19 <u>0</u>	Over .19 <u>0</u>
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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 <i>Frankie Adams</i>	PRINT FULL NAME Frankie Adams
TYPE & PERMIT NUMBER/EXPIRATION DATE 220200 08-21-14	TELEPHONE NUMBER (573) 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

EMI & KINGSTON
INTOXILYZER - ANALYZER
NO MODEL 5006 SN 66-004631
04/11/2014

DIAGNOSTIC TEST 16:26
EPROM CHECK 1735.20 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

SN 66-004631
ET 35.20
04/11/2014
INVALID TEST
INHIBITED - TPI

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Frank C. Velero
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Frank C. Velero
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

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SN 66-004891
E735, 29

04/11/2014
15:00

ABCDEFGHIJKLMN OPQRSTU VWXYZ0123
ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789
ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789!@#abcde
ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789!@#abcde
ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789!@#abcde
ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789!@#abcde

201 3 NINGSHI6PRINT
INTOXLYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-004891
04/11/2014

TEST	%BAC	TIME
AIR BLANK	.000	18:27
CAL. CHECK	.100	18:28
AIR BLANK	.000	18:28
CAL. CHECK	.101	18:29
AIR BLANK	.000	18:29
CAL. CHECK	.100	18:29
AIR BLANK	.000	18:30

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Frank C. [Signature]
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Frank C. [Signature]
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

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GUTH LABORATORIES, INC.

800 NORTH 87th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-694-6470

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°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



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