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

CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED
By Carol Day at 9:46 am, Jul 22, 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	NAME OF AGENCY	DATE OF INSPECTION
66004891	Sikeston DPS	07/08/14
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
201 S. Kingshighway, Sikeston		1948

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.

- [x] DVM TEST: (.350 ± .150) OK
- [x] DIAGNOSTIC CHECK (PRINTOUT ATTACHED) OK DATE AND TIME (FROM PRINTOUT) 07/08/14 1949
- [x] CHARACTER DISPLAY TEST OK
- [x] PRINT TEST (PRINTOUT ATTACHED) OK
- [x] SIMULATOR SOLUTION SUPPLIER Guth Laboratories LOT # 13290 EXP. DATE 10/29/15
- [x] SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0°C SIMULATOR SN SD 2245 EXP. DATE 05/07/15
- [x] 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)

- [x] 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	TEST 2	TEST 3
.099	.097	.097

- [x] 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-.04	.05-.09	.10-.14	.15-.19	Over .19
3	Ø	2	1	Ø	Ø

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	PRINT FULL NAME
Franklin C. Adams	Franklin C. Adams
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
220200 08/21/14	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

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

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 **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.

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

221 S KINGSHIGHWAY
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-004631
07/08/2014

TEST	%BAC	TIME
AIR BLANK	.000	19:52
CAL. CHECK	.099	19:52
AIR BLANK	.000	19:53
CAL. CHECK	.097	19:53
AIR BLANK	.000	19:53
CAL. CHECK	.097	19:54
AIR BLANK	.000	19:54

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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THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 66-004631 07/08/2014
E733.23 19:58

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#$abcde
ABCDEFGHIJKLMNOPQR
ABCDEFGHIJKLMNOPQRSTUV
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#$abcde

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

OPERATOR

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THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 66 004891
E735.23
INVALID TEST
INHIBITED - RFI

07/08/2014
13:56

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

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181 S KINGSHIGHWAY
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-004891
07/08/2014

DIAGNOSTIC TEST 13:43

PROM CHECK E735.23	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
ABCDEFGHIJKLMNOPQRSTUVWXYZ
0123456789

SUBJECT'S NAME

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CMI INC.

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State of Missouri
DEPARTMENT OF HEALTH

PERMIT
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

MO 580-0771 (7-88)

Lab. 4 (R7-88)