



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

RECEIVED
 By Carol Day at 10:05 am, Aug 28, 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 DRS	DATE OF INSPECTION 08-14-2014
LOCATION OF INSTRUMENT (STREET AND CITY) 201 S. Kings Highway		TIME OF INSPECTION 1745

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) **08-14-14 1745**
- 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 **05/07/15**

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 = .101	TEST 3 = .101
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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 1	.10-.14 1	.15-.19 1	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 # 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**



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

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.

SN 66-004831
E735, 23
INVALID TEST
INHIBITED - RFI

08/14/2014
17:58

261 S KINGSHIGHWAY
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-004831
08/14/2014

TEST	WBAC	TIME
AIR BLANK	.000	17:47
CAL. CHECK	.000	17:47
AIR BLANK	.000	17:48
CAL. CHECK	.101	17:48
AIR BLANK	.000	17:48
CAL. CHECK	.101	17:49
AIR BLANK	.000	17:49

NO RFI PRESENT

SUBJECT'S NAME

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Frank C. Adams
OPERATOR

Frank C. Adams
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER[®] 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