



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

RECEIVED 3/8/14-CD

REPORT #4

REVIEWED
By Carol Day at 4:16 pm, Mar 31, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 3 months).
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 <u>660064934</u>	NAME OF AGENCY <u>Plattewoods Police Dept</u>	DATE OF INSPECTION <u>03-03-2014</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>6750 New Tower Drive Plattewoods</u>		TIME OF INSPECTION <u>1608</u>

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) .402

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 03-03-2014 / 1605

CHARACTER DISPLAY TEST Passed

PRINT TEST (PRINTOUT ATTACHED) Passed

SIMULATOR SOLUTION SUPPLIER Guth LOT # 1329C EXP. DATE 10-29-2015

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0c SIMULATOR SN SD1631 EXP. DATE 05-05-2014

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 <u>.099</u>	TEST 2 <u>.097</u>	TEST 3 <u>.096</u>
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PERFORM RFI TEST (PRINTOUT ATTACHED) Passed

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).

INSPECTING OFFICER

SIGNATURE <u>Richard Langley</u>	PRINT FULL NAME <u>Richard Langley</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>2801981 Exp 08-13-2014</u>	TELEPHONE NUMBER <u>816-741-6088</u>

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.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-6470

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.

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

PLATTE WOODS POLICE DEPT.
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-004934
03/03/2014

SN 66-004934
E735.23
INVALID TEST
INHIBITED - RFI

03/03/2014
16:32

TEST	XBAC	TIME
AIR BLANK	.000	16:28
CAL. CHECK	.093	16:29
AIR BLANK	.000	16:29
CAL. CHECK	.097	16:29
AIR BLANK	.000	16:30
CAL. CHECK	.096	16:30
AIR BLANK	.000	16:30

NO RFI PRESENT

SUBJECT'S NAME

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

ADDITIONAL INFORMATION AND/OR REMARKS



THIS SIDE UP. THIS EDGE IN. FORM NUMBER O15010

THIS SIDE UP. THIS EDGE IN. FORM NUMBER O15010

PLATTE WOODS POLICE DEPT.
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-004934
03/03/2014

SN 66-004934 03/03/2014
E735.23 16:26

DIAGNOSTIC TEST 16:25

ABCDEFGHIJKLMN OPQRSTUVWXYZ0123
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789!@#
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789!@#
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789!@#
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789!@#

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
ABCDEFGHIJKLMN OPQRSTUVWXYZ
0123456789

SUBJECT'S NAME

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Richard Senfey
OPERATOR

Richard Senfey
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

ADDITIONAL INFORMATION AND/OR REMARKS



State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



RICHARD LANGLEY

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 08/13/2012

Number 220198

Expires 08/13/2014

Director of State Public Health Laboratory

Director, Department of Health