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

CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED
By Carol Day at 8:55 am, Jan 10, 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
66005060	Chesterfield PD	01-09-2014
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
690 Chesterfield Pkwy W Chesterfield, Mo		0945

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) .367
- [X] DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 01/09/2014 1046
- [X] CHARACTER DISPLAY TEST
- [X] PRINT TEST (PRINTOUT ATTACHED)
- [X] SIMULATOR SOLUTION SUPPLIER RepCo Marketing Inc LOT # 13002 EXP. DATE June 19 2015
- [X] SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 C SIMULATOR SN SD3502 EXP. DATE 10/09/2014
- [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
.097	.097	.097

- [ ] PERFORM RFI TEST (PRINTOUT ATTACHED)

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
2	1	0	2	1	2

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 operating within DHSS specifications

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME
Paul Powers	Paul Powers
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
230273 11/26/2015	636-537-3000

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

REPCO MARKETING INC.

3101-188 STONYBROOK DRIVE
RALEIGH, N.C. 27604
919-876-5480

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.
LOT NUMBER: 13002
EXPIRATION DATE: June 19, 2015 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number **13002** of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain **.1217** gms/dl +/-.003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interferring substance.

This solution will produce a vapor alcohol value of **.100** +/-3% gms/210L Breath when heated to 34 Degrees Celsius +/-0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is **June 20, 2013** The expiration date for this lot number is **June 19, 2015** at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.

Cecil B. Garner, President
RepCo Marketing, Inc.

Form RM 02

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

CHESTERFIELD PD
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005060
01/09/2014

TEST	XBAC	TIME
AIR BLANK	.000	10:51
CAL. CHECK	.097	10:51
AIR BLANK	.000	10:52
CAL. CHECK	.097	10:52
AIR BLANK	.000	10:52
CAL. CHECK	.097	10:53
AIR BLANK	.000	10:53

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

CHESTERFIELD PD
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005060
01/09/2014

DIAGNOSTIC TEST 10:46

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

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

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THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 66-005060 01/09/2014
E735.23 10:47

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

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 66-005060 01/09/2014
E735.23 11:01
INVALID TEST
INHIBITED - RFI

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

2

PERMIT

TYPE II

PAUL POWERS

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX EC/IR II, INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE **11/26/2013**

NUMBER **230273**

EXPIRES **11/26/2015**

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator POWERS, PAUL
Permit No 230273
Date Issued 11/26/2013 **Date Expires** 11/26/2015