



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

CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED 3/9/14-CD REPORT #4

REVIEWED
By Carol Day at 3:32 pm, Apr 01, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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 <i>66-005060</i>	NAME OF AGENCY <i>Chesterfield Police Department</i>	DATE OF INSPECTION <i>3-2-2014</i>
LOCATION OF INSTRUMENT (STREET AND CITY) <i>690 Chesterfield Pkwy, W, Chesterfield, MO 63017</i>		TIME OF INSPECTION <i>0743</i>

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.

<input checked="" type="checkbox"/> DVM TEST: (.350 ± .150) <i>0.369</i>
<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED) <i>O.K.</i> DATE AND TIME (FROM PRINTOUT) <i>03-02-2014 0743</i>
<input checked="" type="checkbox"/> CHARACTER DISPLAY TEST <i>O.K.</i>
<input checked="" type="checkbox"/> PRINT TEST (PRINTOUT ATTACHED) <i>O.K.</i>
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <i>RepCo Marketing Inc.</i> LOT # <i>13002</i> EXP. DATE <i>06-19-2015</i>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <i>34.0</i> SIMULATOR SN <i>SP3502</i> EXP. DATE <i>10-9-2014</i>

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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 • <i>0.096</i>	TEST 2 • <i>0.097</i>	TEST 3 • <i>0.095</i>
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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 <i>0</i>	0-.04 <i>0</i>	.05-.09 <i>0</i>	.10-.14 <i>0</i>	.15-.19 <i>0</i>	Over .19 <i>0</i>
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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).

This instrument is operating within DHSS specifications.

INSPECTING OFFICER	
SIGNATURE <i>Terry Cordia</i>	PRINT FULL NAME <i>Terry Cordia</i>
TYPE II PERMIT NUMBER/EXPIRATION DATE <i>220231 9-7-2014</i>	TELEPHONE NUMBER <i>636-537-3000</i>

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

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 interfering 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.

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



TERRY CORDIA

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 09/07/2012

Number 220231

Expires 09/07/2014

Director of State Public Health Laboratory

Director, Department of Health

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

CHESTERFIELD PD
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005060
03/02/2014

DIAGNOSTIC TEST 07:43

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
ABCDEFGHIJKLMN OPQRSTUVWXYZ
0123456789

Maintenance
SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

A. J. Carter 132
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 66-005060
E735.23

03/02/2014
07:44

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

Maintenance

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

St. Zy. Co. 137

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

CHESTERFIELD PD
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005060
03/02/2014

TEST	%BAC	TIME
AIR BLANK	.000	07:49
CAL. CHECK	.096	07:49
AIR BLANK	.000	07:50
CAL. CHECK	.097	07:50
AIR BLANK	.000	07:50
CAL. CHECK	.095	07:51
AIR BLANK	.000	07:51

NO RFI PRESENT

Maintenance
SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

PT by Corda 132
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 66-005060
E735.23
INVALID TEST
INHIBITED - RFI

03/02/2014
07:54

Maintenance

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

R. J. Cordo 132

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS