



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

RECEIVED
 By Carol Day at 11:42 am, Apr 03, 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 66005095	NAME OF AGENCY DEXTER POLICE Dept.	DATE OF INSPECTION 3-21-2014
LOCATION OF INSTRUMENT (STREET AND CITY) 305 Cooper DEXTER, MO 63841		TIME OF INSPECTION 0430

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) **.346** **PASSED**
- DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) **3-21-2014 0430**
- CHARACTER DISPLAY TEST **PASSED**
- PRINT TEST (PRINTOUT ATTACHED) **PASSED**
- SIMULATOR SOLUTION SUPPLIER **Recco** LOT # **12002** EXP. DATE **8-29-2014**
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34°C** SIMULATOR SN **SD3328** EXP. DATE **3-11-2015**
- 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 • .096	TEST 2 • .097	TEST 3 • .097
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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	0-.04 2	.05-.09 0	.10-.14 1	.15-.19 1	Over .19 1
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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 	PRINT FULL NAME John Moore
TYPE II PERMIT NUMBER/EXPIRATION DATE 220256 9-11-2014	TELEPHONE NUMBER (573) 624-5512

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: 12002
EXPIRATION DATE: August 29, 2014 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 12002 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 .1209 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 August 30, 2012
The expiration date for this lot number is August 29, 2014 at
11:59 p.m.

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



Cecil B. Garner, President
RepCo Marketing, Inc.

CENTER POLICE
INTOXILYZER - ALCOHOL ANALYZER
HD MODEL 5000 SN 66-005095
03/21/2014

TEST	%BAC	TIME
AIR BLANK	.000	04:33
CAL. CHECK	.096	04:33
AIR BLANK	.000	04:34
CAL. CHECK	.097	04:34
AIR BLANK	.000	04:34
CAL. CHECK	.097	04:35
AIR BLANK	.000	04:35

NO RFI PRESENT

SUBJECT'S NAME

Dexter P.D

SN 66-005095
E235.23
INVALID TEST
INHIBITED - RFI

03/21/2014
04:36

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD



© 1986 by CMI INC.

SUBJECT'S NAME

Dexter P.D

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

DEXTER POLICE
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005095
03/21/2014

DIAGNOSTIC TEST 04:30

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

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 66-005095 03/21/2014
E735.23 04:31

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

SUBJECT'S NAME

DEXTER P.D.

TIME FIRST OBSERVED

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INTOXILYZER[®] INSTRUMENT PRINTER CARD



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SUBJECT'S NAME

DEXTER P.D.

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INTOXILYZER[®] INSTRUMENT PRINTER CARD



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STATE OF MISSOURI
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



JOHN W MOORE

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 09/11/2012

Number 220256

Expires 09/11/2014

Director of State Public Health Laboratory

Director, Department of Health



Missouri Department of Health and Senior Services
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466
 Margaret T. Donnelly
 Director



Jeremiah W. (Jay) Nixon
 Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Agency: Dexter Police Department
 Serial Number: SD3328
 Manufacturer: Guth
 Model Number: 10-4D

CALIBRATION RESULTS

<u>Reference</u>	<u>Simulator</u>	<u>Bias</u>	<u>In Tolerance</u>
<u>Temperature</u> 34.08	<u>Temperature</u> 34.0	+0.08 °C	YES

This calibration was performed with
 NIST-Traceable Thermometer SN: 304447

This calibration was performed by: Brian M. Lutmer

This calibration was performed: 03/11/2014

COPY OF CALIBRATION STICKER

This simulator has been calibrated according to DHSS specifications

SIMULATOR SERIAL NO.:	<u>SD3328</u>
EXPIRATION DATE:	<u>03/11/2015</u>
DATE OF CALIBRATION:	<u>03/11/2014</u>
NIST REF. THERM. SERIAL NO.:	<u>304447</u>
AVERAGE SIM. TEMP:	<u>34.08 C</u>
ANALYST INITIALS:	<u>BML</u>