



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

RECEIVED
 By Carol Day at 1:08 pm, Jan 16, 2014

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 66005096	NAME OF AGENCY Warrensburg Police Department	DATE OF INSPECTION 01/04/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 102 B S Holden St Warrensburg		TIME OF INSPECTION 11:08 pm

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) _____ .409
- DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 01/04/2014 2308
- CHARACTER DISPLAY TEST
- PRINT TEST (PRINTOUT ATTACHED)
- SIMULATOR SOLUTION SUPPLIER GUTH LOT # 13100 EXP. DATE 04/23/2015
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2246 EXP. DATE 02/12/2014
- 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 → .103	TEST 2 → .103	TEST 3 → .100
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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	1	0-04	0	.05-.09	0	.10-.14	0	.15-.19	1	Over .19	2
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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 Jeffrey E Reynolds
TYPE II PERMIT NUMBER/EXPIRATION DATE 220005 01/12/2014	TELEPHONE NUMBER (660) 747-9133

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: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13100 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on April 29, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is April 23, 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 FNI22211-02 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.

State of Missouri
DEPARTMENT OF HEALTH

P E R M I T
TYPE II



JEFFREY REYNOLDS

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 01/12/2012

Number 220005

Expires 01/12/2014

MO 580-0771 (7-89)


Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-89)

SA [unclear]
[unclear]

07/08/2011
23:19

ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789
ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789

Health check
[unclear] [unclear] [unclear] [unclear]
[unclear] [unclear] [unclear] [unclear]
07/08/2011

DIAGNOSTIC TEST

SOON CHECK	EROT 20	PASSED
BAT CHECK		PASSED
TEMP CHECK		PASSED
PROSECUTOR CHECK		
SYNC PULSE		PASSED
SYNC STEEP		PASSED
VDC STABILITY		PASSED
FDS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMN OPQRSTU VWXYZ
0123456789



WARRENSBURG POLICE DEPARTMENT

[Signature]
OK
128

OFFICER'S SIGNATURE & SERIAL NO.



WARRENSBURG POLICE DEPARTMENT

[Signature]
OK
128

OFFICER'S SIGNATURE & SERIAL NO.

01/04/2014
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01/04/2014

TEST	MSAL	TIME
AIR BLANK	.000	23:12
CAL. CHECK	.100	23:12
AIR BLANK	.000	23:12
CAL. CHECK	.100	23:13
AIR BLANK	.000	23:13
CAL. CHECK	.100	23:14
AIR BLANK	.000	23:14

NO MFI PRESENT



WARRENSBURG POLICE DEPARTMENT

OK

[Handwritten signature]
128

OFFICER'S SIGNATURE & SERIAL NO.



WARRENSBURG POLICE DEPARTMENT

128

[Handwritten signature]
OK

OFFICER'S SIGNATURE & SERIAL NO.