



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

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 66005096	NAME OF AGENCY Warrensburg Police Department	DATE OF INSPECTION 3-5-2014
LOCATION OF INSTRUMENT (STREET AND CITY) 102 B. South Holden ST Warrensburg MO		TIME OF INSPECTION 1:43 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) **.365**

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) **3-5-14 / 1:46 PM**

CHARACTER DISPLAY TEST **OK**

PRINT TEST (PRINTOUT ATTACHED) **OK**

SIMULATOR SOLUTION SUPPLIER **Guth Labs** LOT # **13390** EXP. DATE **10-29-15**

SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34°** SIMULATOR SN **2246** EXP. DATE **2-25-15**

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 * .097	TEST 2 * .095	TEST 3 * .096
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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	0	0-04	0	.05-.09	0	.10-.14	0	.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 <i>[Signature]</i>	PRINT FULL NAME Scott Munsterman
TYPE II PERMIT NUMBER/EXPIRATION DATE 220075 / 3-14-14	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**

MO 580-1355 (2-08)

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
 services provided on a nondiscriminatory basis

LAB-64



GUTH LABORATORIES, INC.

800 NORTH 9TH STREET • HARRISBURG, PA 17112-4011 • TELEPHONE: 717-654-6479

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 Certified 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.

WARRENSBURG POLICE DEPARTMENT
1000 E. 22
WARRENSBURG, MISSOURI 64089
PHONE 660-8800

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WARRENSBURG POLICE DEPARTMENT

OFFICER'S SIGNATURE & SERIAL NO.

WARRANTS FOR
INVESTIGATION
NO. MODEL 5000
23/05/2014

DIAGNOSTIC TEST

13:46

FROM CHECK	EPHS: 20	PASSED
RAM CHECK		PASSED
TEMP CHECK		PASSED
PROCESSOR CHECK		
SYNC PULSE		PASSED
SYNC SAVED		PASSED
NCG STABILITY		PASSED
PDS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCD EFGHIJ KLMNOPQRSTU VWXYZ
0123456789



WARRENSBURG POLICE DEPARTMENT

OFFICER'S SIGNATURE & SERIAL NO.

ST. LOUIS, MO
2 15 22

60 85 00 A
1 2 4 7

ABCDEFGHIJKLMN OPQRSTU VWXYZ01234
ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789
ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789

WARRENSBURG POLICE DEPARTMENT



OFFICER'S SIGNATURE & SERIAL NO.

INVESTIGATION REPORT
LABORATORY REPORT
NO. 10001 5000 67 65 633096
05/10/2014

TEST	TIME	TIME
AIR BLANK	10:01	10:52
CAL. CHECK	10:02	10:52
AIR BLANK	10:03	10:52
CAL. CHECK	10:04	10:52
AIR BLANK	10:05	10:52
CAL. CHECK	10:06	10:52
AIR BLANK	10:07	10:52

NO RPT PRESENT



WARRENSBURG POLICE DEPARTMENT

OFFICER'S SIGNATURE & SERIAL NO.

State of Missouri
DEPARTMENT OF HEALTH



PERMIT
TYPE II



SCOTT MUNSTERMAN

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 03/14/2012

Number 220075

Expires 03/14/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)