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

CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED
By Carol Day at 2:10 pm, May 19, 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
66005096	Warrensburg Police Department	5-9-2014
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
102 B South Holden Warrensburg MO 64093		8:46 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.

- [x] DVM TEST: (.350 ± .150) .391
- [x] DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 8:48pm / 5-9-14
- [x] CHARACTER DISPLAY TEST OK
- [x] PRINT TEST (PRINTOUT ATTACHED) OK
- [x] SIMULATOR SOLUTION SUPPLIER Guth Labs LOT # 13290 EXP. DATE 10-29-15
- [x] SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34°C SIMULATOR SN SD2246 EXP. DATE 2-25-15
- [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
.104	.104	.101

- [x] 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-.04	.05-.09	.10-.14	.15-.19	Over .19
1	0	0	1	2	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).

Adjusted DVM and Alcohol Reading Adjustment

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME
	Scott Munsterman
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
240125 / 3-24-2016	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.
690 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 **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 Cerilliant 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.

[illegible]

[illegible]

WARRENSBURG POLICE DEPARTMENT

D. [illegible] #136

OFFICER'S SIGNATURE & SERIAL NO.

[illegible]

[illegible]

[illegible]	PASSED
[illegible]	PASSED
TEMP CHECK	PASSED
MICROPROC CHECK	
SYNC PULSE	PASSED
SYNC SPEED	PASSED
NEG STABILITY	PASSED
POS STABILITY	PASSED
REF RANGE	PASSED
DIAGNOSTIC	PASSED

PRINTER CHECK
ABCDEFGHIJKLMNOPQRSTUVWXYZ
0123456789

WARRENSBURG POLICE DEPARTMENT

D. [illegible] #136

OFFICER'S SIGNATURE & SERIAL NO.

[illegible]

WARRENSBURG POLICE DEPARTMENT

S. [illegible] #136

OFFICER'S SIGNATURE & SERIAL NO.

[illegible]

TEST	[illegible]	[illegible]
AIR BLANK	.000	[illegible]
CAL. CHECK	.101	[illegible]
AIR BLANK	.000	[illegible]
CAL. CHECK	.104	[illegible]
AIR BLANK	.000	[illegible]
CAL. CHECK	.101	[illegible]
AIR BLANK	.000	[illegible]

NO BFI PRESENT

WARRENSBURG POLICE DEPARTMENT

S. [illegible] #136

OFFICER'S SIGNATURE & SERIAL NO.

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

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PERMIT
TYPE II
SCOTT MUNSTERMAN

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

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 3/24/2014

NUMBER 240125

EXPIRES 3/24/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (06-10)

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 MUNSTERMAN, SCOTT
Permit No 240125
Date Issued 3/24/2014 **Date Expires** 3/24/2016