



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

RECEIVED
By Carol Day at 2:30 pm, Mar 31, 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 S/N 66005154	NAME OF AGENCY PARKVILLE POLICE DEPARTMENT	DATE OF INSPECTION 03/30/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 8880 N.W.C. WALK AVE. PARKVILLE, MO 64152		TIME OF INSPECTION 0728 HOURS

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) .366
<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 03/30/2014 0732
<input checked="" type="checkbox"/> CHARACTER DISPLAY TEST Hours
<input checked="" type="checkbox"/> PRINT TEST (PRINTOUT ATTACHED)
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER BUTH LOT # 1328 EXP. DATE 10/16/14
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN 502691 EXP. DATE

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 .098
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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 2	0-.04 1	.05-.09 2	.10-.14 1	.15-.19 3	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 Eddie Olson	PRINT FULL NAME EDDIE OLSON
TYPE II PERMIT NUMBER/EXPIRATION DATE 230342	TELEPHONE NUMBER 816-741-4454

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.**

880 NORTH 6TH STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-654-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13280 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1217% (w/vol) ethyl alcohol. The expiration date for this lot number is October 16, 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.

THIS SIDE UP, THIS EDGE IN, FORM NUMBER 075010

THIS SIDE UP, THIS EDGE IN, FORM NUMBER 075010

PARKVILLE PD
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005154
03/30/2014

SN 66-005154
E735. 23

03/30/2014
07:30

ABCDEFGHIJKLMN OPQRS TU VWXYZ0123
ABCDEFGHIJKLMN OPQRS TU VWXYZ0123456789
ABCDEFGHIJKLMN OPQRS TU VWXYZ0123456789!@#
ABCDEFGHIJKLMN OPQRS TU VWXYZ0123456789!
ABCDEFGHIJKLMN OPQRS TU VWXYZ0123456789!
ABCDEFGHIJKLMN OPQRS TU VWXYZ0123456789!
ABCDEFGHIJKLMN OPQRS TU VWXYZ0123456789!
ABCDEFGHIJKLMN OPQRS TU VWXYZ0123456789!

DIAGNOSTIC TEST 07:32

PROB CHECK E735.23 PASSED
RAM CHECK PASSED
TEMP CHECK PASSED
PROCESSOR CHECK
SYNC PULSE PASSED
SYNC SPEED PASSED
HEG STABILITY PASSED
POS STABILITY PASSED
REF RANGE PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMN OPQRS TU VWXYZ
0123456789

SUBJECT NAME

SUBJECT NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS



THIS SIDE UP, THIS EDGE IN, FORM NUMBER 0115010

THIS SIDE UP, THIS EDGE IN, FORM NUMBER 0115010

PARKVILLE PD
INTOXILYZER -- ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005154
03/30/2014

SN 66-005154
E235. 23
INUMAL10 TEST
INHIBITED - RFI

03/30/2014
02:49

TEST	%BAC	TIME
AIR BLANK	.000	02:46
CAL. CHECK	.006	02:46
AIR BLANK	.000	02:47
CAL. CHECK	.007	02:47
AIR BLANK	.000	02:47
CAL. CHECK	.008	02:48
AIR BLANK	.000	02:48

NO RFI PRESENT

SUBJECT'S NAME

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

TIME FIRST OBSERVED

INSTRUMENT LOCATION

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ADDITIONAL INFORMATION AND/OR REMARKS

OPERATOR

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INTOXILYZER[®] INSTRUMENT PRINTER CARD



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