



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

RECEIVED 3/14/14-CD
 REPORT #4

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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.

REVIEWED
 By Carol Day at 3:33 pm, Apr 01, 2014

INTOXILYZER 5000 SN 66-005757	NAME OF AGENCY Independence	DATE OF INSPECTION 03-07-14
LOCATION OF INSTRUMENT (STREET AND CITY) 223 N. Memorial Dr Independence MO		TIME OF INSPECTION 1015

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) .407
<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 03/07/14 1016
<input checked="" type="checkbox"/> CHARACTER DISPLAY TEST
<input checked="" type="checkbox"/> PRINT TEST (PRINTOUT ATTACHED)
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER Guth Lab, Inc LOT # 13290 EXP. DATE 10/29/15
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0°C SIMULATOR SN DR4900 EXP. DATE 02/21/15

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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 .097	TEST 2 .099	TEST 3 .101
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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-.04 //	.05-.09 /	.10-.14 ###	.15-.19 /	Over .19 //
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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 Todd Hargis	PRINT FULL NAME TODD HARGIS
TYPE II PERMIT NUMBER/EXPIRATION DATE 230146 08/01/15	TELEPHONE NUMBER 816 325-7293

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

127- DETECTION UNIT
ANALYZER - ALCOHOL ANALYZER
NO MODEL 5000 01 66-605157
93/07/2614

DIAGNOSTIC TEST

10:16

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
ABCDEFGHIJKLMNPOQRSTUVWXYZ
0123456789

COMMENTS _____

Hargraves

OFFICER'S SIGNATURE & SERIAL NO.

50 46180157
5705 28

02/07/2014
1818

ABCDEFGHIJKLMN OPQRSTUVWXYZ 0123
ABCDEFGHIJKLMN OPQRSTUVWXYZ 0123456789
ABCDEFGHIJKLMN OPQRSTUVWXYZ 0123456789

COMMENTS

Hargraves

OFFICER'S SIGNATURE & SERIAL NO.

10/10/2011 10:11 AM
10/10/2011 10:11 AM
10/10/2011 10:11 AM
10/10/2011 10:11 AM

TEST	RESULT	TIME
AIR SLAMM	100	10:12
CAL CHECK	100	10:12
AIR SLAMM	100	10:12
CAL CHECK	100	10:12
AIR SLAMM	100	10:12
CAL CHECK	100	10:12
AIR SLAMM	100	10:12
CAL CHECK	100	10:12

NO PSI PRESENT

COMMENTS

Huge leak

OFFICER'S SIGNATURE & SERIAL NO.

09/07/2014
10:27

AL 50 340137
4755 23
UNLIMITED
UNLIMITED - RPT

COMMENTS

Marga RPT

OFFICER'S SIGNATURE & SERIAL NO.



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 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.



Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations:
19 CSR 25-30.051 (4).

Checked: 2/21/2014 Expires: 02/21/2015
Digital Therm. SN:093752 Temp:34.00
MSC Tech:RW
Agency: INDEPENDENCE POLICE DEPT
DR4900



Technician Printed Name: ROBERT WELSH

Technician Signature: 

Date: 2/21/2014

Contact: Missouri Safety Center

Breath-Alcohol Instrument Training Program

660-543-4834



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

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PERMIT
TYPE II
TODD W HARGIS

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, INTOXILYZER 8000

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 8/1/2013

NUMBER 230146

EXPIRES 8/1/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

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 HARGIS, TODD
 Permit No 230146
 Date Issued 8/1/2013 Date Expires 8/1/2015

IN THE STATE OF MISSOURI
COUNTY OF JACKSON

AFFIDAVIT

Before me, the undersigned authority personally appears TODD HARGIS.
Who, being by me duly sworn, deposed as follows:

My name is TODD HARGIS I am of sound mind, capable of making this
affidavit, and personally acquainted with the facts herein stated.

I am the custodian of the records of *Intoxilyzer 5000* Serial number 66-005157.
Attached hereto are 8 pages of records from the **Independence Missouri Police
Department**. These pages of records are kept by the **Independence Missouri Police
Department** in regular course of business of the **Independence Missouri Police
Department** for an employee or representative of the **Independence Missouri Police
Department** with the knowledge of the act, event, condition, opinion, or diagnosis
recorded to make the record or to transmit information thereof to be included in such
record, and the record was made at or near the time of the act, event, condition, opinion
or diagnoses. The records attached hereto are the original or exact duplicates of the
original.

Todd Hargis
AFFIANT

Subscribed and sworn to me on this 18th day of March, 2014.



SAMANTHA MORRIS
My Commission Expires
January 24, 2017
Jackson County
Commission #13439145

Samantha Morris
NOTARY PUBLIC