



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

**RECEIVED**  
 By Carol Day at 11:11 am, Jan 13, 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 <b>66005158</b>	NAME OF AGENCY <b>MANCHESTER</b>	DATE OF INSPECTION <b>01/07/2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>200 HIGHLANDS BLVD DR MANCHESTER MO 63011</b>		TIME OF INSPECTION <b>0200 HRS</b>

**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) .378

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 01/07/2014

CHARACTER DISPLAY TEST

PRINT TEST (PRINTOUT ATTACHED)

SIMULATOR SOLUTION SUPPLIER GUTH Labs LOT # 13210 EXP. DATE 7/29/2015

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34°C SIMULATOR SN S12293 EXP. DATE 11/14/14

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 • <u>.098%</u>	TEST 2 • <u>.099%</u>	TEST 3 • <u>.099%</u>
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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	1	.10-.14	1	.15-.19	2	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).

*Operates within 'DOH' Rules, Regulations & Specs.*

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>P.O.D. Ebert</i>	PRINT FULL NAME <b>P.O.D. Ebert</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>230071 exp. 4/26/2015</b>	TELEPHONE NUMBER <b>(636) 227-1410</b>

**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



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

**PERMIT  
TYPE II**

**DAVID JEBERT**

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

**ALCO-SENSOR IV W/PRINTER, 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 04/26/2013  
NUMBER 230071  
EXPIRES 04/26/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LAB-4 (R6-10)



**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 13210 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on July 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1216% (w/vol) ethyl alcohol. The expiration date for this lot number is July 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.

200 HIGHLANDS BLUD  
INTOXILYZER - ALCOHOL ANALYZER  
MO MODEL 5000 SN 66-005158  
01/07/2014

TEST	%BAC	TIME
AIR BLANK	.000	02:02
CAL. CHECK	.098	02:03
AIR BLANK	.000	02:03
CAL. CHECK	.099	02:03
AIR BLANK	.000	02:04
CAL. CHECK	.099	02:04
AIR BLANK	.000	02:04

NO RFI PRESENT

SN 66-005158  
E735.29

01/07/2014  
02:00

ABCDEFGHIJKLMN OPQRSTUVWXYZ0123  
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMN OPQRSTUVWXYZ012345678910#abcde  
ABCDEFGHIJKLMN OPQRSTUVWXYZ012345678910#abcde  
ABCDEFGHIJKLMN OPQRSTUVWXYZ012345678910#abcde  
ABCDEFGHIJKLMN OPQRSTUVWXYZ012345678910#abcde

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

*POD E*

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

*POD E*

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD



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SN 66-005158  
E735.23  
INVALID TEST  
INHIBITED - RFI

01/07/2014  
02:07

200 HIGHLANDS BLVD  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005158  
01/07/2014

DIAGNOSTIC TEST 02:02

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  
ABCDEFGHIJKLMNQPQRSTUUVWXYZ  
0123456789

SUBJECT'S NAME

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

TIME FIRST OBSERVED

INSTRUMENT LOCATION

P.O.D. 

P.O.D. 

OPERATOR

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

ADDITIONAL INFORMATION AND/OR REMARKS

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