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

CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED
By Carol Day at 8:57 am, May 12, 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
66005161	Liberty Police Department	04/29/2014
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
101 East Kansas St. Liberty, MO.		11:00 am

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) .377
- ☑ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 04/29/2014 11:08
- ☑ CHARACTER DISPLAY TEST
- ☑ PRINT TEST (PRINTOUT ATTACHED)
- ☑ SIMULATOR SOLUTION SUPPLIER Guth Labs LOT # 14030 EXP. DATE 01/20/2016
- ☑ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN DR 2766 EXP. DATE 07/30/2014
- ☑ 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 ☛ 0.095	TEST 2 ☛ 0.096	TEST 3 ☛ 0.098

- ☑ 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	0-.04	0	.05-.09	0	.10-.14	2	.15-.19	1	Over .19	1

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).

Operating within DOHSS specifications.

Guth Labs, Lot No. 14030, MFG 01/20/2014, Exp. Date 01/20/2016, Bottle # 1453

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME
Robert D. Bratcher	Robert D. Bratcher
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
230145 08/01/2015	(816) 439-4701

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

THIS SIDE UP, THIS EDGE IN. FORM NUMBER 015010

LIBERTY POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005161
04/23/2014

TEST	%BAC	TIME
AIR BLANK	.000	11:10
CAL. CHECK	.095	11:10
AIR BLANK	.000	11:11
CAL. CHECK	.096	11:11
AIR BLANK	.000	11:12
CAL. CHECK	.098	11:12
AIR BLANK	.000	11:12

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 66-005161
E735.23
INVALID TEST
INHIBITED - RFI

04/29/2014
11:15

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

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LIBERTY POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005161
04/29/2014

DIAGNOSTIC TEST 11:08

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
ABCDEFGHIJKLMNOPQRSTUVWXYZ
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

CMI

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THIS SIDE UP. THIS EDGE IN. FORM NUMBER 016010

SN 66-005161
E735.23

04/29/2014
11:08

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#$abcde
ABCDEFGHIJKLMNO
ABCDEFGHIJKLMNOPQR
ABCDEFGHIJKLMNOPQRSTUV
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#$abcde

SUBJECT'S NAME

TIME MOST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

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

PERMIT
TYPE II

ROBERT D BRATCHER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breathanalyzer(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 230145

EXPIRES 8/1/2015

MO 580-2371 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Gail Vasterling, acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R9-10)

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 BRATCHER, ROBERT
Permit No 230145
Date Issued 8/1/2013 Date Expires 8/1/2015