



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

RECEIVED
 By Carol Day at 8:17 am, Jan 10, 2014

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 6605168	NAME OF AGENCY Berkeley PD	DATE OF INSPECTION 01/10/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 5850 N. Hanley, Berkeley, MO 63134		TIME OF INSPECTION 7:15 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) _____ .277

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 01/10/2014 0717

CHARACTER DISPLAY TEST

PRINT TEST (PRINTOUT ATTACHED)

SIMULATOR SOLUTION SUPPLIER Guth LOT # 13100 EXP. DATE 04/23/2015

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0c SIMULATOR SN SD2286 EXP. DATE 04/29/2014

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 ➡ <u>.097</u>	TEST 2 ➡ <u>.098</u>	TEST 3 ➡ <u>.098</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	<u>0</u>	0-0.4	<u>0</u>	.05-.09	<u>0</u>	.10-.14	<u>2</u>	.15-.19	<u>0</u>	Over .19	<u>0</u>
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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 	PRINT FULL NAME P.O. Jeremy Matlock #544
TYPE II PERMIT NUMBER/EXPIRATION DATE 220381 11/05/2014	TELEPHONE NUMBER (314) 524-3311

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

SN 66-005168 01/10/2014
E735.23 07:22
INVALID TEST
INHIBITED - RFI

BERKELEY PD
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005168
01/10/2014

THIS SIDE UP THIS EDGE IN. FORM NUMBER 015010

DIAGNOSTIC TEST 07:17

BERKELEY PD
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005168
01/10/2014

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

TEST	%BAC	TIME
AIR BLANK	.000	07:18
CAL. CHECK	.097	07:19
AIR BLANK	.000	07:19
CAL. CHECK	.098	07:19
AIR BLANK	.000	07:20
CAL. CHECK	.098	07:20
AIR BLANK	.000	07:20

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNQPQRSTUVWXYZ
0123456789

NO RFI PRESENT

THIS SIDE UP THIS EDGE IN. FORM NUMBER 015010

THIS SIDE UP THIS EDGE IN. FORM NUMBER 015010

SN 66-005168 01/10/2014
E735.23 07:18

BERKELEY PD
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005168
01/10/2014

ABCDEFGHIJKLMNQPQRSTUVWXYZ0123
ABCDEFGHIJKLMNQPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNQPQRSTUVWXYZ0123456789!@##\$abcde
ABCDEFGHIJKLMNQP
ABCDEFGHIJKLMNQP
ABCDEFGHIJKLMNQP
ABCDEFGHIJKLMNQPQRSTUVWXYZ0123456789!@##\$abcde

SUB NAME=TEST, TEST, Y
SEX=M DOB =12/09/65
DRIV LIC=MO/1234567890
OFFL. LAST=MATLOCK
OFFICER ID=544
OPER. LAST=MATLOCK
OPERATOR ID=544
PERMIT=220381 EXPIRE=11/05/14
ACCIDENT (Y/N)=N
MISC. DATA=N

TEST	%BAC	TIME
AIR BLANK	.000	07:15
SUBJECT TEST	.000	07:16
AIR BLANK	.000	07:16

NO RFI PRESENT

SUBJECT'S NAME

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS





GUTH LABORATORIES, INC.

800 NORTH 67th STREET • HARRISBURG, PA 17111-4841 • TELEPHONE: 717-634-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13100 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on April 29, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is April 23, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L $\pm 3\%$.

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.

State of Missouri
DEPARTMENT OF HEALTH

2

PERMIT
TYPE II

2

JEREMY MATLOCK

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

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (breathed) air, issued under the provisions of sections 577.020 through 577.041, RSMo 1993.

Date: 11/5/2012

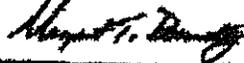
Number: 220881

Expires: 11/5/2014

MOHS-071-000



Director of State Public Health Laboratory



Deputy Director of Health

MO-107-00