



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

RECEIVED 3/21/14-CD **REPORT #4**

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 15 days) after 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 11:31 am, Apr 01, 2014

INTOXILYZER 5000 SN 6605168	NAME OF AGENCY Berkeley PD	DATE OF INSPECTION 03/15/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 5850 N. Hanley, Berkeley, MO 63134		TIME OF INSPECTION 4:05 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) _____ .311

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 03/15/14 04:06

CHARACTER DISPLAY TEST

PRINT TEST (PRINTOUT ATTACHED)

SIMULATOR SOLUTION SUPPLIER Guth LOT # 13280 EXP. DATE 10/18/2015

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 → .096	TEST 2 → .096	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	0	0-0.4	2	.05-.09	0	.10-.14	2	.15-.19	0	Over .19	0
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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).

Changed time due to Daylight Savings

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
E735.23
INVALID TEST
INHIBITED - RFI

03/15/2014
04:11

SN 66-005168
E735.23

03/15/2014
04:06

ABCDEFGHIJKLMN OPQRSTUVWXYZ0123
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789!@#\$abcde
ABCDEFGHIJKLMN O
ABCDEFGHIJKLMN OPQR
ABCDEFGHIJKLMN OPQR
ABCDEFGHIJKLMN OPQRSTUV
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789!@#\$abcde

THIS SIDE UP, THIS EDGE IN, FORM NUMBER 015010

THIS SIDE UP, THIS EDGE IN, FORM NUMBER 015010

BERKELEY POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005168
03/15/2014

BERKELEY POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005168
03/15/2014

TEST	%BAC	TIME
AIR BLANK	.000	04:07
CAL. CHECK	.096	04:07
AIR BLANK	.000	04:07
CAL. CHECK	.096	04:08
AIR BLANK	.000	04:08
CAL. CHECK	.098	04:09
AIR BLANK	.000	04:09

DIAGNOSTIC TEST 04:06

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
ABCDEFGHIJKLMN OPQRSTUVWXYZ
0123456789

NO RFI PRESENT

SUBJECT'S NAME

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER[®] INSTRUMENT PRINTER CARD



INTOXILYZER[®] INSTRUMENT PRINTER CARD





GUTH LABORATORIES, INC.

888 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-684-6470

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.

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



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 (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 11/5/2012

Number 220381

Expires 11/5/2014

Director of State Public Health Laboratory

Director, Department of Health