



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

RECEIVED
 By Carol Day at 3:57 pm, Apr 23, 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 6605168	NAME OF AGENCY Berkeley PD	DATE OF INSPECTION 04/14/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 5850 N. Hanley, Berkeley, MO 63134	TIME OF INSPECTION 6:23 am
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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) _____ .315

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 04/17/14 06:25

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 • .097	TEST 2 • .097	TEST 3 • .097
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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	0	.10-.14	1	.15-.19	2	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).

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME P.O. Jeremy Matlock #544
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TYPE II PERMIT NUMBER/EXPIRATION DATE 220381 11/05/2014	TELEPHONE NUMBER (314) 524-3311
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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 04/17/2014
E735.23 06:29
INVALID TEST
INHIBITED - RFI

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

BERKELEY POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005168
04/17/2014

TEST	%BAC	TIME
AIR BLANK	.000	06:26
CAL. CHECK	.097	06:26
AIR BLANK	.000	06:27
CAL. CHECK	.097	06:27
AIR BLANK	.000	06:27
CAL. CHECK	.097	06:28
AIR BLANK	.000	06:28

NO RFI PRESENT

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 66-005168 04/17/2014
E735.23 06:25

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

BERKELEY POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005168
04/17/2014

DIAGNOSTIC TEST 06:25

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

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

BERKELEY POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005168
04/17/2014

SUB NAME=TEST; TEST; N
SEX=M DOB =12/31/76
DRIV LIC=MO/1234567890
OFFI. 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	06:23
SUBJECT TEST	.000	06:23
AIR BLANK	.000	06:24

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS





GUTH LABORATORIES, INC.

800 NORTH 67th STREET © HARRISBURG, PA 17111-4511 © TELEPHONE: 717-624-6470

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

2

PERMIT
TYPE II

2

JERRY MATLOCK

to hereby authorized to inspect and supervise operation, train instruction, support, maintain, perform field reports, and operate the following health analysis:

ENRICHMENT

for the distribution of the antibiotic product of brand name (inserted below) as issued under the provisions of sections 177.020 through 177.040, RSMo 1992.

Date: 11/9/2012

Number: 520851

Expires: 11/9/2014

1000-011-000

[Signature]
Missouri Department of Health
[Signature]
Missouri Department of Health

Vertical lines and markings on the right side of the page, possibly representing a scanning artifact or a list of items.