



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

RECEIVED
 By Carol Day at 9:42 am, Aug 06, 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 08/05/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 5850 N. Hanley, Berkeley, MO 63134 | | TIME OF INSPECTION 9:15 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.

| |
|---|
| <input checked="" type="checkbox"/> DVM TEST: (.350 ± .150) _____ .367 |
| <input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 08/05/14 09:17 |
| <input checked="" type="checkbox"/> CHARACTER DISPLAY TEST |
| <input checked="" type="checkbox"/> PRINT TEST (PRINTOUT ATTACHED) |
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER Guth LOT # 13280 EXP. DATE 10/18/2015 |
| <input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0c SIMULATOR SN SD2286 EXP. DATE 06/02/2015 |

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 ☛ .095 | TEST 2 ☛ .096 | TEST 3 ☛ .096 |
|---------------|---------------|---------------|

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 | 1 | .10-.14 | 0 | .15-.19 | 0 | Over .19 | 0 |
|----------|---|-------|---|---------|---|---------|---|---------|---|----------|---|

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 240247 05/19/2016 | 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

08/05/2014
09:23

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

BERKELEY POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005168
08/05/2014

| TEST | %BAC | TIME |
|------------|------|-------|
| AIR BLANK | .000 | 09:18 |
| CAL. CHECK | .095 | 09:18 |
| AIR BLANK | .000 | 09:18 |
| CAL. CHECK | .096 | 09:19 |
| AIR BLANK | .000 | 09:19 |
| CAL. CHECK | .096 | 09:20 |
| AIR BLANK | .000 | 09:20 |

NO RFI PRESENT

SN 66-005168
E735.23

08/05/2014
09:17

ABCDEFGHIJKLMN OPQRSTUVWXYZ0123
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMN OPQRSTUVWXYZ012345678910#abcde
ABCDEFGHIJKLMN O
ABCDEFGHIJKLMN OPQR
ABCDEFGHIJKLMN OPQRSTU
ABCDEFGHIJKLMN OPQRSTUVWXYZ012345678910#abcde

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

BERKELEY POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005168
08/05/2014

DIAGNOSTIC TEST 09:17

| | | |
|-----------------|---------|--------|
| 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

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD



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BERKELEY POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005168
08/05/2014

SUB NAME=TEST; TEST; N
SEX=M DOB =12/09/65
DRIV LIC=M0/1234567890
OFFI. LAST=MATLOCK
OFFICER ID=544
OPER. LAST=MATLOCK
OPERATOR ID=44
PERMIT=240247 EXPIRE=05/19/16
ACCIDENT (Y/N)=N
MISC. DATA=N

| TEST | %BAC | TIME |
|--------------|------|-------|
| AIR BLANK | .000 | 09:15 |
| SUBJECT TEST | .000 | 09:15 |
| AIR BLANK | .000 | 09:16 |

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION



GUTH LABORATORIES, INC.

890 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 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 AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

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**PERMIT
 TYPE II**

JEREMY MATLOCK

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

INTOX EC/IR II, 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 5/19/2014

NUMBER 240247

EXPIRES 5/19/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 **MATLOCK, JEREMY**
 Permit No **240247**
 Date Issued **5/19/2014** Date Expires **5/19/2016**