



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

**RECEIVED**  
 By Carol Day at 10:39 am, Apr 14, 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 <u>66005173</u>	NAME OF AGENCY <u>Bellton Police</u>	DATE OF INSPECTION <u>04-09-2014</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>7001 E. 163rd St Bellton MO</u>		TIME OF INSPECTION <u>0227</u>

**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) .414 Pass

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) Pass DATE AND TIME (FROM PRINTOUT) 09-09-14 0227

CHARACTER DISPLAY TEST Pass

PRINT TEST (PRINTOUT ATTACHED) Pass

SIMULATOR SOLUTION SUPPLIER Guth Laboratories LOT # 13280 EXP. DATE 10-16-2015

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0°C SIMULATOR SN SD1233 EXP. DATE 07-16-2014

CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Pass

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>.101</u>	TEST 2 <u>.099</u>	TEST 3 <u>.100</u>
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PERFORM RFI TEST (PRINTOUT ATTACHED) Pass

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-.04 <u>0</u>	.05-.09 <u>0</u>	.10-.14 <u>0</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).

Changed time and date which read 01-07-2014

<b>INSPECTING OFFICER</b>	
SIGNATURE <u>J.R. DeCortz</u>	PRINT FULL NAME <u>J.R. DeCortz</u>
TYPE II PERMIT NUMBER EXPIRATION DATE <u>220374 10-31-2014</u>	TELEPHONE NUMBER <u>816 331-1500</u>

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



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 8.1217% (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 0.160 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

*Ted L. Pauley*  
Ted L. Pauley, President  
GUTH LABORATORIES, INC.

*HIST Traceability:*  
Testing was conducted using Certified Reference Standard lot number F1122211-02 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



PERMIT  
TYPE II



JEFF R DECOOK

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 10/31/2012  
Number 220374  
Expires 10/31/2014  
MO 550-0771 (7-83)

*W. J. ...*  
Director of State Public Health Laboratory  
*Margaret T. Donnelly*  
Director, Department of Health

IN THE STATE OF MISSOURI

COUNTY OF CASS

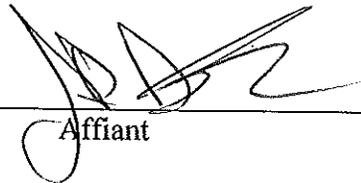
AFFIDAVIT

Before me, the undersigned authority, personally appears J. D. DeC...,

Who, being by me duly sworn, deposed as follows:

My name is J. D. DeC..., I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.

I am the custodian of the records of the Intoxilyzer 5000 Serial # 66-005175 and the Intoxilyzer 5000 Serial # 66-005292. Attached hereto are two pages of records from the Belton Missouri Police Department. These pages of records are kept by the Belton Missouri Police Department in the regular course of business of the Belton Missouri Police Department for the employee or representative of the Belton Missouri Police Department with the knowledge of the act, event condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time of the act, event condition, opinion or diagnosis. The record attached hereto are the original or the exact duplicates of the originals.

  
\_\_\_\_\_  
Affiant

IN the witness whereof I have hereunto subscribed my name and affixed by my official seal this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

SN 66-005173  
E735.23

04/09/2014  
02:29

ABCDEFGHIJKLMNPOQRSTUVWXYZ0123  
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789!@#\$abcde  
ABCDEFGHIJKLMNO  
ABCDEFGHIJKLMNPOQR  
ABCDEFGHIJKLMNPOQRSTU  
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789!@#\$abcde

THIS SIDE UP/THIS EDGE IN  
GUTH LABORATORIES, INC. 800-233-2338

BELTON POLICE DEPARTMENT  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005173  
04/09/2014

DIAGNOSTIC TEST 02:27

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  
ABCDEFGHIJKLMNPOQRSTUVWXYZ  
0123456789

SUBJECT'S NAME

TEST / SIM.

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

*[Signature]* 220374

SN 66-005173  
E735.23

04/09/2014  
02:35

INVALID TEST  
INHIBITED - RFI

THIS SIDE UP/THIS EDGE IN  
GUTH LABORATORIES, INC. 800-233-2338

BELTON POLICE DEPARTMENT  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005173  
04/09/2014

TEST	%BAC	TIME
AIR BLANK	.000	02:32
CAL. CHECK	.101	02:33
AIR BLANK	.000	02:33
CAL. CHECK	.099	02:33
AIR BLANK	.000	02:34
CAL. CHECK	.100	02:34
AIR BLANK	.000	02:34

NO RFI PRESENT

SUBJECT'S NAME

TEST / SIM.

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

*[Signature]* 220374

THIS SIDE UP/THIS EDGE IN  
GUTH LABORATORIES, INC. 800-233-2338

SN 66-005173  
E735, 23  
INVALID TEST  
INHIBITED - RFI

04/09/2014  
02:35

THIS SIDE UP/THIS EDGE IN  
GUTH LABORATORIES, INC. 800-233-2338

BELTON POLICE DEPARTMENT  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005173  
04/09/2014

TEST	NRAC	TIME
AIR BLANK	.000	02:02
CAL. CHECK	.101	02:03
AIR BLANK	.000	02:03
CAL. CHECK	.095	02:03
AIR BLANK	.000	02:04
CAL. CHECK	.100	02:04
AIR BLANK	.000	02:04

NO RFI PRESENT

SUBJECT'S NAME

TEST/SIM.

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

THIS SIDE UP/THIS EDGE IN  
GUTH LABORATORIES, INC. 800-233-2338

SN 66-005173  
E735, 23

04/09/2014  
02:29

ABCDEFGHIJKLHINOPQRS TUVWXYZ0123  
ABCDEFGHIJKLHINOPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLHINOPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLHINOPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLHINOPQRSTUVWXYZ0123456789  
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ABCDEFGHIJKLHINOPQRSTUVWXYZ0123456789

BELTON POLICE DEPARTMENT  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005173  
04/09/2014

DIAGNOSTIC TEST	02:27
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  
ABCDEFGHIJKLHINOPQRSTUVWXYZ  
0123456789

SUBJECT'S NAME

TEST/SIM.

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS