



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

received 1/14/14-cd
 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.

REVIEWED
 By Carol Day at 11:33 am, Mar 14, 2014

INTOXILYZER 5000 SN 66-005174	NAME OF AGENCY Poplar Bluff Police Dept	DATE OF INSPECTION 1/8/14
LOCATION OF INSTRUMENT (STREET AND CITY) 330 N 2nd St Poplar Bluff MO 63901		TIME OF INSPECTION 0853

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) **.409**

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) **1/8/14 0853**

CHARACTER DISPLAY TEST **PASSED**

PRINT TEST (PRINTOUT ATTACHED) **PASSED**

SIMULATOR SOLUTION SUPPLIER **GUTH LAB** LOT # **13210** EXP. DATE **7/29/15**

SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34.0C** SIMULATOR SN **SD 2748** EXP. DATE **1/10/14**

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
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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 2	0-.04 1	.05-.09 1	.10-.14 3	.15-.19 3	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).

NO NEW PARTS ADDED

INSPECTING OFFICER	
SIGNATURE Col. Richard W. Kraap #255	PRINT FULL NAME RICHARD W. KRAAP
TYPE II PERMIT NUMBER/EXPIRATION DATE 230135 7/11/15	TELEPHONE NUMBER 573 785 5776

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



GUTH LABORATORIES, INC.

890 NORTH 6TH STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-664-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13210 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on July 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1216% (w/vol) ethyl alcohol. The expiration date for this lot number is July 29, 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.

330 N. 2ND ST. POPLAR BLUFF MO
INTOXILYZER - ALCOHOL ANALYZER
HQ MODEL 5000 SN 66-005174
01/08/2014

SIL 66-005174
E735.23

01/08/2014
08:54

DIAGNOSTIC TEST 08:53

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 OPQRSTU VWXYZ
0123456789

ABCDEFGHIJKLMN OPQRSTU VWXYZ0123
ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789
ABCDEFGHIJKLMN OPQRSTU VWXYZ012345678910# abcde
ABCDEFGHIJKLMN
ABCDEFGHIJKLMN OPQR
ABCDEFGHIJKLMN OPQRSTU
ABCDEFGHIJKLMN OPQRSTU VWXYZ012345678910# abcde

SUBJECT'S NAME

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

Knapp

OPERATOR

Knapp

ADDITIONAL INFORMATION AND / OR REMARKS

ADDITIONAL INFORMATION AND / OR REMARKS

INTOXILYZER 5000 INSTRUMENT PRINTER CARD

CMSU 1670-97

INTOXILYZER 5000 INSTRUMENT PRINTER CARD

CMSU 1670-97

SN 66-005174
E735.23
INVALID TEST
INHIBITED - RFI

01/08/2014
09:06

330 H. 2ND ST. POPLAR BLUFF MO
INTOXILYZER - ALCOHOL ANALYZER
NO. MODEL 5000 SN 66-005174
01/08/2014

TEST	%BAC	TIME
AIR BLANK	.000	08:59
CAL. CHECK	.095	08:59
AIR BLANK	.000	09:00
CAL. CHECK	.096	09:00
AIR BLANK	.000	09:00
CAL. CHECK	.096	09:01
AIR BLANK	.000	09:01

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

Kramer

ADDITIONAL INFORMATION AND / OR REMARKS

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

Kramer

ADDITIONAL INFORMATION AND / OR REMARKS

INTOXILYZER 5000 INSTRUMENT PRINTER CARD

CMSU 1670-97

INTOXILYZER 5000 INSTRUMENT PRINTER CARD

CMSU 1670-97



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM



**PERMIT
 TYPE II**

RICHARD W KNAPP

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

ALCO-SENSOR IV WITH PRINTER, 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 7/11/2013

NUMBER 230135

EXPIRES 7/11/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (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 KNAPP, RICHARD
 Permit No 230135
 Date Issued 7/11/2013 Date Expires 7/11/2015