



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

**RECEIVED**  
By Carol Day at 2:35 pm, Feb 04, 2014

**CMI INTOXILYZER 5000 MAINTENANCE REPORT**

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 <b>66-005174</b>	NAME OF AGENCY <b>POPLAR BLUFF POLICE DEPT.</b>	DATE OF INSPECTION <b>02-02-14</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>330 N. 2ND ST. POPLAR BLUFF MO. 63901</b>		TIME OF INSPECTION <b>0827 HRS.</b>

**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) **.423.**
- DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) **02-02-14 0827 HRS.**
- CHARACTER DISPLAY TEST **PASSED**
- PRINT TEST (PRINTOUT ATTACHED) **PASSED.**
- SIMULATOR SOLUTION SUPPLIER **GUTH LAB** LOT # **13210** EXP. DATE **07/29/15**
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34°C** SIMULATOR SN **502748** EXP. DATE **01/10/14**
- 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 0.036% AND 0.042% INCLUSIVE

TEST 1 <b>.098</b>	TEST 2 <b>.097</b>	TEST 3 <b>.098</b>
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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 <b>0</b>	0-.04 <b>0</b>	.05-.09 <b>1</b>	.10-.14 <b>0</b>	.15-.19 <b>0</b>	Over .19 <b>0</b>
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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**

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>[Signature]</i> # <b>245</b>	PRINT FULL NAME <b>SDE L. WARD</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>230136 07/11/2015</b>	TELEPHONE NUMBER <b>573-785-5776</b>

**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.**

800 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-564-5470

## 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.*

33011 JLD 01 POPLAR BLUFF RD  
HINDEN TIER - ALCOHOL ANALYZER  
NO 0001 3000 SH 66-005174  
02/02/2014

SH 66-005174  
E735.23

02/02/2014  
08:23

DIAGNOSTIC TEST 08:27

ABCDEFGHIJKLMN OPQRSTUVWXYZ0123  
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789!@#  
ABCDEFGHIJKLMN  
ABCDEFGHIJKLMN OP  
ABCDEFGHIJKLMN OPQRSTU  
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789!@#  
ABCDEFGHI

PRIM 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

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

INTOXILYXER 5000 INSTRUMENT PRINTER CARD

CMSU 1670-97

INTOXILYXER 5000 INSTRUMENT PRINTER CARD

CMSU 1670-97

08:38  
03/03/2014

31 00-002124  
03/03/2014  
INHIBITED TEST  
RFI - PRESENT

31011, 2ND ST. POPLAR BLUFF MO  
INTOXILYZER - ALCOHOL ANALYZER  
ID# MODEL 5000 SN 66-005174  
02/02/2014

TEST	%BAC	TIME
AIR BLANK	.000	08:32
CAL. CHECK	.098	08:33
AIR BLANK	.000	08:33
CAL. CHECK	.097	08:33
AIR BLANK	.000	08:34
CAL. CHECK	.098	08:34
AIR BLANK	.000	08:34

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 5000 INSTRUMENT PRINTER CARD

CMSU 1670-97

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

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**PERMIT  
TYPE II**

**JOE L WARD**

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 230136

EXPIRES 7/11/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

 <p><b>STATE OF MISSOURI</b> DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM</p> <p><b>INSTRUMENT OPERATOR CARD</b></p> <p><i>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.</i></p>  <p>Operator <b>WARD, JOE</b> Permit No <b>230136</b> Date Issued <b>7/11/2013</b> Date Expires <b>7/11/2015</b></p>
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