



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

RECEIVED
 By Carol Day at 10:59 am, Apr 03, 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 66-005174	NAME OF AGENCY POPLAR BLUFF POLICE DEPT.	DATE OF INSPECTION 04-03-14
LOCATION OF INSTRUMENT (STREET AND CITY) 330 N. 2ND ST. POPLAR BLUFF MO. 63901		TIME OF INSPECTION 0930 HRS

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

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) PASSED DATE AND TIME (FROM PRINTOUT) 0930 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 SD2748 EXP. DATE 01-18-15

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 = <u>.098</u>	TEST 2 = <u>.097</u>	TEST 3 = <u>.098</u>
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PERFORM RFI TEST (PRINTOUT ATTACHED) PASSED

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>1</u>	.05-.09 <u>0</u>	.10-.14 <u>0</u>	.15-.19 <u>1</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).

NO NEW PARTS ADDED

INSPECTING OFFICER

SIGNATURE <i>[Signature]</i>	PRINT FULL NAME JOE L. WARD
TYPE II PERMIT NUMBER/EXPIRATION DATE 230136 07/14/15	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.

600 NORTH 6TH STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

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.

1000 W. 50th St. Fort Lee Bluff ND
INTOXILYZER - ALCOHOL ANALYZER
Model 5000 SN 66-905174
04/03/2014

04/03/2014
09:27
09:27
09:27
09:27
09:27

04/03/2014
09:27

TEST	MGAC	TIME
AIR BLANK	.000	09:32
CAL. CHECK	.098	09:32
AIR BLANK	.000	09:33
CAL. CHECK	.097	09:33
AIR BLANK	.000	09:34
CAL. CHECK	.098	09:34
AIR BLANK	.000	09:34

04/03/2014

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

INTOXILYZER 5000 INSTRUMENT PRINTER CARD

CMSU 1670-97

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



JOE L WARD

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

INTOXILYZER 5000; ALCO-SENSOR IV W/PRINTER

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 07/07/2011

Number 210211

Expires 07/07/2013

MO 593-6771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (17-88)