



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

**RECEIVED**  
 By Carol Day at 1:15 pm, May 12, 2014

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 <i>66-005174</i>	NAME OF AGENCY <i>Poplar Bluff Police Dept</i>	DATE OF INSPECTION <i>5/12/14</i>
LOCATION OF INSTRUMENT (STREET AND CITY) <i>330 N 2nd St Poplar Bluff MO 63901</i>		TIME OF INSPECTION <i>0249</i>

**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) *.417*

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) *PASSED* DATE AND TIME (FROM PRINTOUT) *5/12/14 0249 hrs*

CHARACTER DISPLAY TEST *PASSED*

PRINT TEST (PRINTOUT ATTACHED) *PASSED*

SIMULATOR SOLUTION SUPPLIER *both LAIS* LOT # *13210* EXP. DATE *7/29/15*

SIMULATOR TEMPERATURE (34°C ± 0.2°C) *34°C* SIMULATOR SN *SD2748* EXP. DATE *1/13/15*

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 <i>.095</i>	TEST 2 <i>.095</i>	TEST 3 <i>.096</i>
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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	<i>1</i>	0-.04	<i>0</i>	.05-.09	<i>0</i>	.10-.14	<i>0</i>	.15-.19	<i>1</i>	Over .19	<i>1</i>
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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>Cpl Richard W. Knuw #255</i>	PRINT FULL NAME <i>RICHARD W. KNUW #255</i>
TYPE II PERMIT NUMBER/EXPIRATION DATE <i>230135 7/11/15</i>	TELEPHONE NUMBER <i>573 785 5776</i>

**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.**

599 NORTH 6TH STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-684-5470

## 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.*

01 LL 0001/4  
E7357 25

05/12/2014  
02:50

ABCDEFGHIJKLMNQPQRSTUVWXYZ0123  
ABCDEFGHIJKLMNQPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNQPQRSTUVWXYZ0123456789!  
ABCDEFGHIJKLMNQPQRSTUVWXYZ0123456789!  
ABCDEFGHIJKLMNQPQRSTUVWXYZ0123456789!  
ABCDEFGHIJKLMNQPQRSTUVWXYZ0123456789!  
ABCDEFGHIJKLMNQPQRSTUVWXYZ0123456789!  
ABCDEFGHIJKLMNQPQRSTUVWXYZ0123456789!  
ABCDEFGHIJKLMNQPQRSTUVWXYZ0123456789!  
ABCDEFGHIJKLMNQPQRSTUVWXYZ0123456789!

01 LL 260 51. POPLAR BLUFF MO  
INTOXILYZER - ALCOHOL ANALYZER  
00 MODEL 5000 SN 66-005174  
05/12/2014

02:49

DIAGNOSTIC TEST

PROM CHECK E735.23 PASSED  
RAM CHECK PASSED  
TEMP CHECK PASSED  
PROCESSOR CHECK PASSED  
SYND PULSE PASSED  
SYNC SPEED PASSED  
NEG STABILITY PASSED  
POS STABILITY PASSED  
REF RANGE PASSED  
DIAGNOSTIC PASSED

PRINTER CHECK  
ABCDEFGHIJKLMNQPQRSTUVWXYZ  
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND / OR REMARKS

INTOXILYXER 5000 INSTRUMENT PRINTER CARD

CMSU 1670-97

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND / OR REMARKS

INTOXILYXER 5000 INSTRUMENT PRINTER CARD

CMSU 1670-97

05/12/2014  
02:58  
TOXIC TEST  
INHIBITED - RFI

300 W. 4th St. POPLAR BLUFF MO  
SILICOXER - ALCOHOL ANALYZER  
IN MODEL 5000 SN 66-005174  
05/12/2014

TEST	KBAC	TIME
AIR BLANK	.000	02:52
CAL. CHECK	.005	02:52
AIR BLANK	.000	02:53
CAL. CHECK	.005	02:53
AIR BLANK	.000	02:54
CAL. CHECK	.005	02:54
AIR BLANK	.000	02:54

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND / OR REMARKS

INTOXILYXER 5000 INSTRUMENT PRINTER CARD

CMSU 1670-97

SUBJECT'S NAME

TIME FIRST OBSERVED

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ADDITIONAL INFORMATION AND / OR REMARKS

INTOXILYXER 5000 INSTRUMENT PRINTER CARD

CMSU 1670-97



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

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**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 560-0771 (6-10)

LAB-4 (16-10)

**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