



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

RECEIVED
 By Carol Day at 9:23 am, Jun 18, 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 06-08-14 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 330 N. 2ND ST. POPLAR BLUFF MO 63901 | | TIME OF INSPECTION 0410 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) **.40%**
- DIAGNOSTIC CHECK (PRINTOUT ATTACHED) **PASSED**. DATE AND TIME (FROM PRINTOUT) **06/08/14 0410 HRS**
- CHARACTER DISPLAY TEST **PASSED**
- PRINT TEST (PRINTOUT ATTACHED) **PASSED**
- SIMULATOR SOLUTION SUPPLIER **GUTH LAB** LOT # **14110** EXP. DATE **05/01/16**
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34°C** SIMULATOR SN **SD2248** EXP. DATE **01/13/15**

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 .096 | TEST 2 .098 | TEST 3 .098 |
|--------------------|--------------------|--------------------|

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 0 | 0-.04 1 | .05-.09 2 | .10-.14 1 | .15-.19 1 | Over .19 0 |
|-------------------|----------------|------------------|------------------|------------------|-------------------|

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>Soe L. Ward</i> | PRINT FULL NAME SOE L. WARD |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 230136 07/11/15 | TELEPHONE NUMBER 573-785-5716 |

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.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14110 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on May 5, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1206% (w/vol) ethyl alcohol. The expiration date for this lot number is May 1, 2016 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 FNI22211-02 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.

103-455-2004
2004-03-23
Initial to ...
Initial to ...

103-455-2004
2004-03-23
Initial to ...
Initial to ...

TIME
04:14
04:15
04:16
04:17
04:18
04:19
04:20

103-455-2004

| SUBJECT'S NAME | SUBJECT'S NAME |
|---|---|
| TIME FIRST OBSERVED <i>[Signature]</i> | TIME FIRST OBSERVED <i>[Signature]</i> |
| INSTRUMENT LOCATION 245 | INSTRUMENT LOCATION 245 |
| OPERATOR | OPERATOR |
| ADDITIONAL INFORMATION AND / OR REMARKS | ADDITIONAL INFORMATION AND / OR REMARKS |
| INTOXILYXER 5000 INSTRUMENT PRINTER CARD | INTOXILYXER 5000 INSTRUMENT PRINTER CARD |
| CMSU 1670-97 | CMSU 1670-97 |



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)

 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 WARD, JOE
 Permit No 230136
 Date Issued 7/11/2013 Date Expires 7/11/2015