



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

RECEIVED 7/18/14-**06** REPORT #4

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days) or when 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 9:51 am, Jul 22, 2014

INTOXILYZER 5000 SN <i>66-005174</i>	NAME OF AGENCY <i>Poplar Bluff Police Dept.</i>	DATE OF INSPECTION <i>7/7/14</i>
LOCATION OF INSTRUMENT (STREET AND CITY) <i>330 N 2nd Street Poplar Bluff Mo 63901</i>		TIME OF INSPECTION <i>0335</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) *.418*

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) *7/7/14 0338*

CHARACTER DISPLAY TEST *PASSED*

PRINT TEST (PRINTOUT ATTACHED) *PASSED*

SIMULATOR SOLUTION SUPPLIER *BUTH LAB* LOT # *14110* EXP. DATE *05/01/16*

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

0.060% STANDARD - MUST READ BETWEEN 0.058% AND 0.062% INCLUSIVE

TEST 1 <i>.097</i>	TEST 2 <i>.097</i>	TEST 3 <i>.097</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>0</i>	0-.04 <i>1</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

INSPECTING OFFICER	
SIGNATURE <i>Cpt Richard W. Knapp #255</i>	PRINT FULL NAME <i>RICHARD W. KNAPP</i>
TYPE II PERMIT NUMBER/EXPIRATION DATE <i>230135 7/11/15</i>	TELEPHONE NUMBER <i>513-785-5776</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