



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

RECEIVED
 By Carol Day at 11:25 am, Jul 21, 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 66-005174	NAME OF AGENCY Poplar Bluff Police Dept.	DATE OF INSPECTION 7/7/14
LOCATION OF INSTRUMENT (STREET AND CITY) 330 N 2nd Street Poplar Bluff Mo 63901		TIME OF INSPECTION 0335

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

0.040% STANDARD - MUST READ BETWEEN 0.036% AND 0.042% INCLUSIVE

TEST 1 .097	TEST 2 .097	TEST 3 .097
--------------------	--------------------	--------------------

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 0	.10-.14 0	.15-.19 1	Over .19 1
-------------------	----------------	------------------	------------------	------------------	-------------------

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 Cpt Richard W. Knapp #255	PRINT FULL NAME RICHARD W. KNAPP
TYPE II PERMIT NUMBER/EXPIRATION DATE 230135 7/11/15	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



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
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 <u>66-005174</u>	NAME OF AGENCY <u>Poplar Bluff Police Dept.</u>	DATE OF INSPECTION 0335 <u>7/7/14-cd</u> <u>06/08/14</u>
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION <u>0335</u>

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 BOTH 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

0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 • <u>.097</u>	TEST 2 • <u>.097</u>	TEST 3 • <u>.097</u>
----------------------	----------------------	----------------------

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>1</u>
-------------------	----------------	------------------	------------------	------------------	-------------------

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 <u>Cpt Richard W. Knapp #255</u>	PRINT FULL NAME <u>RICHARD W. KNAPP</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>230135 7/11/15</u>	TELEPHONE NUMBER <u>573-785-5776</u>

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 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 06 0951/4
07/03/23
INVALID TEST
INHIBITED - RFI

07/07/2014
03:49

200 H. 210 ST, POPLAR BLUFF MO
INTOXILYZER - ALCOHOL ANALYZER
ID# 100615000 SN 66-005174
07/07/2014

TEST	KGAC	TIME
AIR BLANK	:000	03:44
CAL. CHECK	:097	03:45
AIR BLANK	:000	03:45
CAL. CHECK	:097	03:45
AIR BLANK	:000	03:46
CAL. CHECK	:097	03:46
AIR BLANK	:000	03:47

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

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND / OR REMARKS

INTOXILYXER 5000 INSTRUMENT PRINTER CARD

CMSU 1670-97

304 11 040 11. POPLAR BLUFF MO
BIO-RITE TEST & ALCOHOL ANALYZER
201 HURST SQ#9 SN 65-205174
67-07-2014

DIAGNOSTIC TEST 03:38

RAM CHECK 8705.23 PASSED
RAM CHECK PASSED
TEMP CHECK PASSED
PROCESSOR CHECK PASSED
SYNC PULSE PASSED
SYNC SPEED PASSED
NEG STABILITY PASSED
POS STABILITY PASSED
REF RANGE PASSED
DIAGNOSTIC PASSED

PRINTER CHECK
#R00EFGHIJKLMNOPQRSTUVWXYZ
#123456789

304 11 040 11 07-07-2014
03:38

#R00EFGHIJKLMNOPQRSTUVWXYZ0123
#R00EFGHIJKLMNOPQRSTUVWXYZ0123456789
#R00EFGHIJKLMNOPQRSTUVWXYZ0123456789
#R00EFGHIJKLMNOPQRSTUVWXYZ0123456789
#R00EFGHIJKLMNOPQRSTUVWXYZ0123456789
#R00EFGHIJKLMNOPQRSTUVWXYZ0123456789
#R00EFGHIJKLMNOPQRSTUVWXYZ0123456789
#R00EFGHIJKLMNOPQRSTUVWXYZ0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

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

2

**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 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 KNAPP, RICHARD
Permit No 230135
Date Issued 7/11/2013 Date Expires 7/11/2015