



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

**RECEIVED**  
 By Carol Day at 3:56 pm, Aug 12, 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 <b>66-005174</b>	NAME OF AGENCY <b>POPLAR BLUFF POLICE DEPT.</b>	DATE OF INSPECTION <b>08-07-2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>330 N. 2ND ST. POPLAR BLUFF MO. 63901</b>		TIME OF INSPECTION <b>0714 HRS.</b>

**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) **.407**

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) **08/07/14 0714 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 **SD2748** 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 <b>.097</b>	TEST 2 <b>.098</b>	TEST 3 <b>.097</b>
--------------------	--------------------	--------------------

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 <b>1</b>	0-.04 <b>1</b>	.05-.09 <b>0</b>	.10-.14 <b>0</b>	.15-.19 <b>0</b>	Over .19 <b>2</b>
-------------------	----------------	------------------	------------------	------------------	-------------------

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 <b>Joe L. Ward #245</b>	PRINT FULL NAME <b>JOE L. WARD</b>
TYPE II PERM NUMBER/EXPIRATION DATE <b>230136 07/11/2015</b>	TELEPHONE NUMBER <b>573-785-5716</b>

**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.

890 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.*

INSTRUMENT: INTOXILYXER 5000  
MODEL: 5000  
SERIAL: 505174  
DATE: 05/07/2014

TEST: AIR BLANK  
DATE: 05/07/2014  
TIME: 07:21  
LAB: FBI

TEST	RESULT	TIME
AIR BLANK	.000	07:19
CAL. CHECK	.007	07:19
AIR BLANK	.000	07:20
CAL. CHECK	.002	07:20
AIR BLANK	.000	07:20
CAL. CHECK	.007	07:21
AIR BLANK	.000	07:21

NO PCL PRESENT

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

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

INTOXILYXER 5000 ALCOHOL ANALYZER  
0123456789 0123456789  
06/02/2014

06/02/2014  
07:15

INTOXILYXER 5000 07:14

POWER CHECK PASSED  
BATT CHECK PASSED  
TEMP CHECK PASSED  
PROXIMITY CHECK  
SYSTEM CHECK PASSED  
SYSTEM CHECK PASSED  
NOISE CHECK PASSED  
POS. SWITCH PASSED  
BPP WARMUP PASSED

INTOXILYXER 5000

INTOXILYXER 5000  
0123456789 0123456789  
0123456789

INTOXILYXER 5000 07:14  
0123456789 0123456789  
0123456789 0123456789  
0123456789 0123456789  
0123456789 0123456789  
0123456789 0123456789  
0123456789 0123456789  
0123456789 0123456789

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

INTOXILYXER 5000 INSTRUMENT PRINTER CARD

CMSU 1670-97

INTOXILYXER 5000 INSTRUMENT PRINTER CARD

CMSU 1670-97



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

2

**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**