



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

RECEIVED
 By Carol Day at 1:08 pm, Oct 07, 2014 #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 10-06-2014
LOCATION OF INSTRUMENT (STREET AND CITY) 330 N. 2ND ST. POPLAR BLUFF MO. 63901		TIME OF INSPECTION 2333 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) .443

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 10-06-2014 2333 HRS.

CHARACTER DISPLAY TEST PASSED

PRINT TEST (PRINTOUT ATTACHED) PASSED.

SIMULATOR SOLUTION SUPPLIER GUTH LAB LOT # 14110 EXP. DATE 05/01/2016

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34°C SIMULATOR SN SD2748 EXP. DATE 01/13/2015

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 = .097 TEST 2 = .099 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	0-04	.05-.09	.10-.14	.15-.19	Over .19
<u>0</u>	<u>1</u>	<u>0</u>	<u>2</u>	<u>1</u>	<u>0</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).

NEW BATTERY INSTALLED

INSPECTING OFFICER	
SIGNATURE <i>[Signature]</i>	PRINT FULL NAME JOE L. WARD
TYPE II PERMIT NUMBER/EXPIRATION DATE 230V36 07/11/2015	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



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.

1000 N. 2nd St. Room 2010
Tulsa, Oklahoma 74103
Tel: (918) 581-1111
Fax: (918) 581-1112

TEST	TIME	TIME
ATP BLANK	1:00	2:41:39
CAL. CHECK	1:02	2:43:39
ATP BLANK	1:05	2:45:39
CAL. CHECK	1:09	2:47:39
ATP BLANK	1:05	2:49:39
CAL. CHECK	1:07	2:51:39
ATP BLANK	1:05	2:53:39

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Tulsa, Oklahoma 74103

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



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**