



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

**RECEIVED**  
 By Carol Day at 11:27 am, Dec 09, 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 <i>66 005174</i>	NAME OF AGENCY <i>POPULAR BLUFF POLICE DEPT.</i>	DATE OF INSPECTION <i>12/08/2014</i>
LOCATION OF INSTRUMENT (STREET AND CITY) <i>330 W. 2ND ST. POPULAR BLUFF MO. 63901</i>		TIME OF INSPECTION <i>0531 HRS.</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) .434

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) PASSED. DATE AND TIME (FROM PRINTOUT) 12/08/14 0531 HRS

CHARACTER DISPLAY TEST PASSED.

PRINT TEST (PRINTOUT ATTACHED) PASSED.

SIMULATOR SOLUTION SUPPLIER GUTH LABS LOT # 14200 EXP. DATE 08/05/2016

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34°C SIMULATOR SN 502748 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 • <u>.095</u>	TEST 2 • <u>.096</u>	TEST 3 • <u>.096</u>
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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	0-.04	.05-.09	.10-.14	.15-.19	Over .19
<u>1</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>	<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.*

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>Debra L. Ward</i>	PRINT FULL NAME <i>DEBRA L. WARD</i>
TYPE II PERMIT NUMBER/EXPIRATION DATE <i>230136 07/11/2015</i>	TELEPHONE NUMBER <i>573-785-5776</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



## GUTH LABORATORIES, INC.

690 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 14200 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 6, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1213% (w/vol) ethyl alcohol. The expiration date for this lot number is August 5, 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.*



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

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

INTOXILYXER 5000  
INSTRUMENT PRINTER CARD  
PMT

12/16/2014  
05:07

POPULAR BLUFF RD  
ALCOHOL ANALYZER  
SH 66-005124  
12/16/2014

TEST	KBAC	TIME
01P BLANK	000	05:31
01L CHECK	095	05:32
01P BLANK	000	05:33
01L CHECK	096	05:34
01P BLANK	000	05:35
01L CHECK	096	05:36
01P BLANK	000	05:37

INSTRUMENT ID: 1010

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

1111 2ND ST, POPLAR BLUFF MO  
INTOXILYXER - ALCOHOL ANALYZER  
MODEL 5000 SN 66-005124  
07/08/2014

07/08/2014 12/08/2014  
05:32

DIAGNOSTIC TEST 95:31

PRGM CHECK E735.23 PASSED  
RAM CHECK PASSED  
TEMP CHECK PASSED  
PROCESSOR CHECK  
SND PULSE PASSED  
SND SPEED PASSED  
RFD STABILITY PASSED  
POS STABILITY PASSED  
REF RANGE PASSED

DIAGNOSTIC PASSED

PRINTER CHECK  
ABCDEFGHIJKLMN0PQRSTUVWXYZ  
0123456789

ABCDEFGHIJKLMN0PQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMN0PQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMN0PQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMN0PQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMN0PQRSTUVWXYZ0123456789

SUBJECT'S NAME		SUBJECT'S NAME	
TIME FIRST OBSERVED	INSTRUMENT LOCATION	TIME FIRST OBSERVED	INSTRUMENT LOCATION
OPERATOR <i>[Signature]</i> 245		OPERATOR <i>[Signature]</i> 245	
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