



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 66005178	NAME OF AGENCY KIRKWOOD POLICE	DATE OF INSPECTION 01/17/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 131 W. MADISON AVE. KIRKWOOD		TIME OF INSPECTION 7:30 pm

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) .347
- DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 01/17/2014 7:32 PM
- CHARACTER DISPLAY TEST
- PRINT TEST (PRINTOUT ATTACHED)
- SIMULATOR SOLUTION SUPPLIER GUTH LABS INC. LOT # 13280 EXP. DATE 10/16/2015
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD3325 EXP. DATE 07/15/2014
- 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 .099	TEST 2 .099	TEST 3 .098
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- PERFORM RFI TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	1	0-.04	0	.05-.09	1	.10-.14	1	.15-.19	0	Over .19	3
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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).

OPERATING PROPERLY

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME P.O. MICHAEL A. HANCE 367
TYPE II PERMIT NUMBER/EXPIRATION DATE 230266 11/26/2015	TELEPHONE NUMBER (314) 822-5858

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

SN 66-005178
E735.23
INVALID TEST
INHIBITED - RFI

01/17/2014
19:33

131 WEST MADISON
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005178
01/17/2014

TEST	XBAC	TIME
AIR BLANK	.000	19:35
CAL. CHECK	.099	19:36
AIR BLANK	.000	19:36
CAL. CHECK	.099	19:36
AIR BLANK	.000	19:37
CAL. CHECK	.098	19:37
AIR BLANK	.000	19:37

NO RFI PRESENT

SUBJECT'S NAME

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

P.O. HANCK 3C7

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

TIME FIRST OBSERVED

INSTRUMENT LOCATION

P.O. HANCK 3C7

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

SN 66-005178
E735.23

01/17/2014
19:33

ABCDEFGHIJKLMN OPQRSTUVWXYZ0123
 ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789
 ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789!@#
 ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789!
 ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789!
 ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789!
 ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789!
 ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789!

131 WEST MADISON
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005178
01/17/2014

DIAGNOSTIC TEST 19:32

FRON CHECK	E735.23	PASSED
RAM CHECK		PASSED
TEMP CHECK		PASSED
PROCESSOR CHECK		
SYNC PULSE		PASSED
SYNC SPEED		PASSED
NEG STABILITY		PASSED
POS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMN OPQRSTUVWXYZ
0123456789

SUBJECT'S NAME

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

P.O. HANCK 3C7

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

TIME FIRST OBSERVED

INSTRUMENT LOCATION

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OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13280 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1217% (w/vol) ethyl alcohol. The expiration date for this lot number is October 16, 2015 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**

MICHAEL A HANCE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX EC/IR II, 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 11/26/2013

NUMBER 230266

EXPIRES 11/26/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 HANCE, MICHAEL
 Permit No 230266
 Date Issued 11/26/2013 Date Expires 11/26/2015