



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

RECEIVED 2/24/14-CD  
 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.

**REVIEWED**  
 By Carol Day at 10:36 am, Apr 01, 2014

INTOXILYZER 5000 SN 66005178	NAME OF AGENCY KIRKWOOD POLICE DEPARTMENT	DATE OF INSPECTION 02/18/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 131 W. MADISON AVE. KIRKWOOD, MO 63122	TIME OF INSPECTION 5:15 pm
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**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) \_\_\_\_\_ .355

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 02/18/2014 5:17 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 → .099
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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	0	.10-.14	2	.15-.19	1	Over .19	1
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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 JIM COX
TYPE II PERMIT NUMBER/EXPIRATION DATE 230262 11/26/2015	TELEPHONE NUMBER (314) 822-5868

**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

02/18/2014  
17:19

ABCDEFGHIJKLMNPOQRSTUVWXYZ0123  
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789!@#abcde  
ABCDEFGHIJKLMNPO  
ABCDEFGHIJKLMNPO  
ABCDEFGHIJKLMNPO  
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789!@#abcde

SN 66-005178  
E735.23

02/18/2014  
17:25

INVALID TEST  
INHIBITED - RFI

*J. Cox #188*  
THIS SIDE UP/THIS EDGE IN  
GUTH LABORATORIES, INC. 800-233-2338

*J. Cox #188*  
THIS SIDE UP/THIS EDGE IN  
GUTH LABORATORIES, INC. 800-233-2338

131 WEST MADISON  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005178  
02/18/2014

131 WEST MADISON  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005178  
02/18/2014

DIAGNOSTIC TEST 17:17

PROM 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

TEST	%BAC	TIME
AIR BLANK	.000	17:20
CAL. CHECK	.099	17:21
AIR BLANK	.000	17:21
CAL. CHECK	.099	17:21
AIR BLANK	.000	17:22
CAL. CHECK	.099	17:22
AIR BLANK	.000	17:22

NO RFI PRESENT

PRINTER CHECK  
ABCDEFGHIJKLMNPOQRSTUVWXYZ  
0123456789

*J. Cox #188*

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

*J. Cox #188*

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS



## GUTH LABORATORIES, INC.

690 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 FNI22211-02 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**  
**JIMMY D COX**

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 230262  
 EXPIRES 11/26/2015

  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  
*Gal Vesterly*  
 ,acting director  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680 0771 (6-10)

LAR-4 (H6-10)

 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 COX, JIMMY  
 Permit No 230262  
 Date Issued 11/26/2013 Date Expires 11/26/2015