



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

RECEIVED
 By Carol Day at 12:33 pm, Apr 08, 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 66-005179	NAME OF AGENCY Raytown Police Department	DATE OF INSPECTION 04/01/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 10000 E 59 Street Raytown, MO 64133		TIME OF INSPECTION 10:19 am

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) .337

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 04/01/2014 10:20

CHARACTER DISPLAY TEST

PRINT TEST (PRINTOUT ATTACHED)

SIMULATOR SOLUTION SUPPLIER Guth LOT # 13290 EXP. DATE 10/29/2015

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0C SIMULATOR SN 2307 EXP. DATE 10/29/2015

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 .099	TEST 2 .100	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	6	0-.04	3	.05-.09	2	.10-.14	2	.15-.19	4	Over .19	2,202
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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).

Monthly maintenance was performed and the instrument was found to operating within Missouri Department of Health and Senior Services guidelines.

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Brian K. Porch
TYPE II PERMIT NUMBER/EXPIRATION DATE 220291 09/17/2014	TELEPHONE NUMBER (816) 737-6112

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 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 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.

SN 66-005179
E735.23
INVALID TEST
INHIBITED - RFI

04/01/2014
10:25

SN 66-005179
E735.23

04/01/2014
10:21

ABCDEFGHIJKLMN OPQRSTU VWXYZ0123
ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789
ABCDEFGHIJKLMN OPQRSTU VWXYZ01234567890#%abcde
ABCDEFGHIJKLMN
ABCDEFGHIJKLMN OP
ABCDEFGHIJKLMN OPQRSTU
ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789!@#%abcde

10000 E 59TH ST
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005179
04/01/2014

TEST	%BAC	TIME
AIR BLANK	.000	10:22
CAL. CHECK	.099	10:22
AIR BLANK	.000	10:22
CAL. CHECK	.100	10:23
AIR BLANK	.000	10:23
CAL. CHECK	.099	10:24
AIR BLANK	.000	10:24

NO. RFI. PRESENT

10000 E 59TH ST
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005179
04/01/2014

DIAGNOSTIC TEST 10:20

PRGM 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 OPQRSTU VWXYZ
0123456789

SUBJECT'S NAME

10000 E 59 St

INSTRUMENT LOCATION

TIME FIRST OBSERVED

M/Plt. S. Swan's Power #61
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

SUBJECT'S NAME

10000 E 59 St

INSTRUMENT LOCATION

TIME FIRST OBSERVED

M/Plt. S. Swan's Power #61
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS



State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



BRIAN K PORCH

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

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 09/17/2012

Number 220291

Expires 09/17/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)