



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

RECEIVED
 By Carol Day at 3:27 pm, May 12, 2014
 REPORT #

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 95 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 05/08/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 10000 E 59 Street Raytown, MO 64133		TIME OF INSPECTION 6:35 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) .309

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 06:37

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 07/10/2014

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 <input checked="" type="checkbox"/> .095	TEST 2 <input checked="" type="checkbox"/> .097	TEST 3 <input checked="" type="checkbox"/> .098
---	---	---

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	4	0-04	0	.05-.09	0	.10-.14	0	.15-.19	2	Over .19	3
----------	---	------	---	---------	---	---------	---	---------	---	----------	---

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 <i>Brian K. Porch</i>	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

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

05/08/2014
05:46

SN 66-005179
E735. 23

05/08/2014
06:33

ABCDEFGHIJKLMNPOQRSTUVWXYZ0123
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ01234567891011abcde
ABCDEFGHIJKLMNO
ABCDEFGHIJKLMNPOQR
ABCDEFGHIJKLMNPOQRSTU
ABCDEFGHIJKLMNPOQRSTUVWXYZ01234567891011abcde

10000 E 59TH ST
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005179
05/08/2014

TEST	KBAC	TIME
ATR BLANK	.000	05:43
CAL. CHECK	.895	05:43
ATR BLANK	.000	05:43
CAL. CHECK	.897	05:44
ATR BLANK	.000	05:44
CAL. CHECK	.898	05:45
ATR BLANK	.000	05:45

NO RFI PRESENT

10000 E 59TH ST
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005179
05/08/2014

DIAGNOSTIC TEST	05:37
FRON CHECK E735. 23	PASSED
RAM CHECK	PASSED
TEMP CHECK	PASSED
PROCESSOR CHECK	
SYNC PULSE	PASSED
SYNC SPEED	PASSED
MEB STABILITY	PASSED
POS STABILITY	PASSED
REF RANGE	PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNPOQRSTUVWXYZ
0123456789

SUBJECT NAME _____

LOCATION OF TEST 10000 E 59 STREET

M/Pl. Brian K. Porec #61
OFFICER'S SIGNATURE & SERIAL NO.

Form 123 P.D. (8-91)

SUBJECT NAME _____

LOCATION OF TEST 10000 E 59 STREET

M/Pl. Brian K. Porec #61
OFFICER'S SIGNATURE & SERIAL NO.

Form 123 P.D. (8-91)



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

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.

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

Director of State Public Health Laboratory

Director, Department of Health

MO 680-0771 (7-88)

Lab. 4 (R7-88)