MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED
By Carol Day at 3:09 pm, Jun 05, 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. Expires 07-05-2014

INTOXILYZER 5000 SN	NAME OF AGENCY	DATE OF INSPECTION
6600SM0	Dexter PD.	5-31-14
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
305 Cooper Dexter MO 63841		0245

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.

- [x] DVM TEST: (.350 ± .150) .297
- [x] DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 5-31-14 02:50
- [x] CHARACTER DISPLAY TEST
- [x] PRINT TEST (PRINTOUT ATTACHED)
- [x] SIMULATOR SOLUTION SUPPLIER Repco LOT # 13002 EXP. DATE 6-19-15
- [x] SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.02° SIMULATOR SN SD3328 EXP. DATE 3-1-15
- [x] 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)

- [x] 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	TEST 2	TEST 3
.100	.099	.099

- [x] 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	0-.04	.05-.09	.10-.14	.15-.19	Over .19
Ø	Ø	Ø	2	Ø	2

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).

Adjusted -- Alcohol Reading Adjustment Screw.

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME
[signature] 914	Joshua T. Benton
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
222243 09-11-14	573-624-5512

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

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

REPCO MARKETING INC.

3101-188 STONYBROOK DRIVE
RALEIGH, N.C. 27604
919-876-5480

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.
LOT NUMBER: 13002
EXPIRATION DATE: June 19, 2015 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number **13002** of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain **.1217** gms/dl +/-.003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interferring substance.

This solution will produce a vapor alcohol value of **.100** +/-3% gms/210L Breath when heated to 34 Degrees Celsius +/-0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is **June 20, 2013** The expiration date for this lot number is **June 19, 2015** at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.

Cecil B. Garner, President
RepCo Marketing, Inc.

Form RM 02

State of Missouri
DEPARTMENT OF HEALTH

PERMIT
TYPE II

JOSHUA T BENTON

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 09/11/2012

Number 220243

Expires 09/11/2014

Director of State Public Health Laboratory

Director, Department of Health

MO 580-0771 (7-88)

Lab. 4 (R7-88)

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 66-005190 05/31/2014
E735.23 02:52
INVALID TEST
INHIBITED - RFI

Maintenance
SUBJECT'S NAME

0245 Dexter
TIME FIRST OBSERVED INSTRUMENT LOCATION

914
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

DEXTER PD
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005190
05/31/2014

TEST	%BAC	TIME
AIR BLANK	.000	02:52
CAL. CHECK	.089	02:52
AIR BLANK	.000	02:53
CAL. CHECK	.089	02:53
AIR BLANK	.000	02:53
CAL. CHECK	.090	02:54
AIR BLANK	.000	02:54

NO RFI PRESENT

Maintenance
SUBJECT'S NAME

0245 DPD
TIME FIRST OBSERVED INSTRUMENT LOCATION

914
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 66-005190 05/31/2014
E735.23 02:51

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#$abcde
ABCDEFGHIJKLMNO
ABCDEFGHIJKLMNOPQR
ABCDEFGHIJKLMNOPQRSTUV
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#$abcde

Maintenance
SUBJECT'S NAME

0245 Dexter
TIME FIRST OBSERVED INSTRUMENT LOCATION

914
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

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THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

DEXTER PD
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005190
05/31/2014

DIAGNOSTIC TEST 02:50

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

PRINTER CHECK
ABCDEFGHIJKLMNOPQRSTUVWXYZ
0123456789

Maintenance
SUBJECT'S NAME

0245 Dexter PD.
TIME FIRST OBSERVED INSTRUMENT LOCATION

914
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

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THIS SIDE UP. THIS EDGE IN. FORM NUMBER 0150 10

DEXTER PD
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005190
05/31/2014

TEST	%BAC	TIME
AIR BLANK	.000	03:21
CAL. CHECK	.100	03:21
AIR BLANK	.000	03:21
CAL. CHECK	.100	03:22
AIR BLANK	.000	03:22
CAL. CHECK	.099	03:22
AIR BLANK	.000	03:23

NO RFI PRESENT

MAINTENANCE
SUBJECT'S NAME

0245 QPD
TIME FIRST OBSERVED INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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