



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

RECEIVED 6/18/14-CD REPORT #4

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 3 months). 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 2:03 pm, Jun 26, 2014

|   |   |                                  |
|---|---|----------------------------------|
| INTOXILYZER 5000 SN<br>66-005213  | NAME OF AGENCY<br>Raytown Police Department | DATE OF INSPECTION<br>06/11/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>10000 E 59 Street Raytown, MO 64133 |   | TIME OF INSPECTION<br>10:08 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) .339

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 06/11/2014 10:08

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  .101 | TEST 2  .101 | TEST 3  .102 |
|--------------|--------------|--------------|

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 | 5 | 0-.04 | 1 | .05-.09 | 1 | .10-.14 | 1 | .15-.19 | 1 | 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 66-005179 had a printer failure. The instrument was returned to UCM Safety Center and a replacement instrument 66-005213 was obtained. The replacement instrument was setup and maintenance was performed. The replacement instrument was found to be operating within Missouri Department of Health and Senior Services guidelines.

|  |                                    |
|--|------------------------------------|
| <b>INSPECTING OFFICER</b>                                  |                                    |
| SIGNATURE<br>  | PRINT FULL NAME<br>Brian K. Porch  |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>220291 09/17/2014 | TELEPHONE NUMBER<br>(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.

590 NORTH 87th 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 66-005213  
E735, 23  
INVALID TEST  
INHIBITED - RFI

06/11/2014  
10:14

SN 66-005213  
E735, 23

06/11/2014  
10:09

ABCDEFGHIJKLMN OPQRSTUVWXYZ0123  
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMN OPQRSTUVWXYZ012345678910#abcde  
ABCDEFGHIJKLMN O  
ABCDEFGHIJKLMN OPQR  
ABCDEFGHIJKLMN OPQRSTU  
ABCDEFGHIJKLMN OPQRSTUVWXYZ012345678910#abcde

THIS SIDE UP, THIS EDGE IN, FORM NUMBER 015010

THIS SIDE UP, THIS EDGE IN, FORM NUMBER 015010

RAYTOWN POLICE DEPT.  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005213  
06/11/2014

RAYTOWN POLICE DEPT.  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005213  
06/11/2014

| TEST       | %BAC | TIME  |
|------------|------|-------|
| AIR BLANK  | .000 | 10:10 |
| CAL. CHECK | .101 | 10:11 |
| AIR BLANK  | .000 | 10:11 |
| CAL. CHECK | .101 | 10:12 |
| AIR BLANK  | .000 | 10:12 |
| CAL. CHECK | .102 | 10:12 |
| AIR BLANK  | .000 | 10:13 |

DIAGNOSTIC TEST 10:09

|                     |        |
|---------------------|--------|
| 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 |

NO RFI PRESENT

DIAGNOSTIC PASSED

PRINTER CHECK  
ABCDEFGHIJKLMN OPQRSTUVWXYZ  
0123456789

SUBJECT'S NAME

10000 E 59 STREET

TIME FIRST OBSERVED

INSTRUMENT LOCATION

MPO Brian Foxen #61  
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

SUBJECT'S NAME

10000 E 59 STREET

TIME FIRST OBSERVED

INSTRUMENT LOCATION

MPO Brian Foxen #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

Director of State Public Health Laboratory

Director, Department of Health