



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

**CMI INTOXILYZER 5000 MAINTENANCE REPORT**

RECEIVED 4/14/14 CD

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 12:42 pm, Apr 25, 2014

INTOXILYZER 5000 SN <i>66005214</i>	NAME OF AGENCY <i>SD9 Security forces</i>	DATE OF INSPECTION <i>9 Apr 2014</i>
LOCATION OF INSTRUMENT (STREET AND CITY) <i>1031 Vandenberg Ave White man AFB</i>		TIME OF INSPECTION <i>10:37</i>

**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) *PASSED*
- DIAGNOSTIC CHECK (PRINTOUT ATTACHED) *PASSED* DATE AND TIME (FROM PRINTOUT) *4/9/14 10:37*
- CHARACTER DISPLAY TEST *PASSED*
- PRINT TEST (PRINTOUT ATTACHED) *PASSED*
- SIMULATOR SOLUTION SUPPLIER *Beth Labs Inc* LOT # *14030* EXP. DATE *20 JAN 16*
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) *34.0°c* SIMULATOR SN *SD1157* EXP. DATE *9/10/14*
- 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 • <i>.098</i>	TEST 2 • <i>.096</i>	TEST 3 • <i>.097</i>
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PERFORM RFI TEST (PRINTOUT ATTACHED) *RFI detected*

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	<i>0</i>	0-04	<i>0</i>	.05-.09	<i>0</i>	.10-.14	<i>0</i>	.15-.19	<i>0</i>	Over .19	<i>0</i>
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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).

*(Empty space for listing new parts and modifications)*

**INSPECTING OFFICER**

SIGNATURE <i>Billy R Matheny</i>	PRINT-FOUL NAME <i>Billy R Matheny</i>
TYPE II PERMIT NUMBER/EXPIRATION DATE <i>220098 4/24/14</i>	TELEPHONE NUMBER <i>660 687 5804</i>

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 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-664-6470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14030 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 22, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1215% (w/vol) ethyl alcohol. The expiration date for this lot number is January 20, 2016 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.*

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

UCMO/MSO  
INTOXILYZER - ALCOHOL ANALYZER  
MO MODEL 5000 SN 66-005214  
04/09/2014

TEST	%AC	TIME
AIR BLANK	.000	10:38
CAL. CHECK	.098	10:39
AIR BLANK	.000	10:39
CAL. CHECK	.096	10:39
AIR BLANK	.000	10:40
CAL. CHECK	.097	10:40
AIR BLANK	.000	10:40

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

*Billy R. McHenry*  
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER™ INSTRUMENT PRINTER CARD



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THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 66-005214  
E735.23

04/09/2014  
10:37

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123  
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#\*abcde  
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#\*abcde  
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#\*abcde

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

*Billy R McPherson*  
OPERATOR  
ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER<sup>®</sup> INSTRUMENT PRINTER CARD



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THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

UCMO/MSC  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005214  
04/09/2014

DIAGNOSTIC TEST 10:37

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  
ABCDEFGHIJKLNNOPQRSTUVWXYZ  
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

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THIS SIDE UP, THIS EDGE IN. FORM NUMBER 015010

SN 66-005214  
E735.23  
INVALID TEST  
INHIBITED -- RFI

04/09/2014  
18:43

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER<sup>®</sup> INSTRUMENT PRINTER CARD



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State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
T Y P E I I



BILLY R MATHENY

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 04/24/2012

Number 220098

Expires 04/24/2014

Director of State Public Health Laboratory

Director, Department of Health