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

# CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED 4/14/14-CD REPORT #4

REVIEWED
By Carol Day at 12:41 pm, Apr 25, 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 | NAME OF AGENCY | DATE OF INSPECTION |
|---|---|---|
| 66005214 | 509 SECURITY FORCES | 09APR14 |
| LOCATION OF INSTRUMENT (STREET AND CITY) | | TIME OF INSPECTION |
| 1031 VANDENBERG AVE WHITEMAN AFB | | 1450 |

**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) PASSED
- [x] DIAGNOSTIC CHECK (PRINTOUT ATTACHED) PASSED DATE AND TIME (FROM PRINTOUT) 04/09/14- 1456
- [x] CHARACTER DISPLAY TEST PASSED
- [x] PRINT TEST (PRINTOUT ATTACHED ) PASSED
- [x] SIMULATOR SOLUTION SUPPLIER GUTH LABS INC LOT # 14030 EXP. DATE 20JAN16
- [x] SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0°C SIMULATOR SN SD1157 EXP. DATE 9/10/14
- [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 |
|---|---|---|
| .096 | .098 | .098 |

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

**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).**

**INSPECTING OFFICER**

| SIGNATURE | PRINT FULL NAME |
|---|---|
| [signature] | THOMAS G. HUTFLES |
| TYPE II PERMIT NUMBER/EXPIRATION DATE | TELEPHONE NUMBER |
| 220097 04/24/14 | 660-687-2724 |

**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

State of Missouri
DEPARTMENT OF HEALTH

# PERMIT
# TYPE II

## THOMAS G HUTFLES

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 **220097**

Expires 04/24/2014

Director of State Public Health Laboratory

Director, Department of Health

MO 580-0771 (7-88)

Lab. 4 (R7-88)

GUTH LABORATORIES, INC.
590 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 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 Ceriliant 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

WHITEMAN AFB MO
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005214
04/09/2014

DIAGNOSTIC TEST 14:56

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

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

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 04/09/2014
E735.23 14:57

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

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WHITEMAN AFB MO
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005214
04/09/2014

| TEST | %BAC | TIME |
|---|---|---|
| AIR BLANK | .000 | 14:58 |
| CAL. CHECK | .096 | 14:59 |
| AIR BLANK | .000 | 14:59 |
| CAL. CHECK | .098 | 15:00 |
| AIR BLANK | .000 | 15:00 |
| CAL. CHECK | .098 | 15:00 |
| AIR BLANK | .000 | 15:01 |

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

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THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 66-005214 04/09/2014
E735.23 15:02
INVALID TEST
INHIBITED - RFI

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

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