



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

RECEIVED 4/14/14 REPORT #4

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 12:40 pm, Apr 25, 2014

INTOXILYZER 5000 SN 66005214	NAME OF AGENCY 509 SECURITY FORCES	DATE OF INSPECTION 09 APR 14
LOCATION OF INSTRUMENT (STREET AND CITY) 1031 VANDENBERG AVE WHITEMAN AFB		TIME OF INSPECTION 1500

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) **04/09/14 - 1504**
- CHARACTER DISPLAY TEST **PASSED**
- PRINT TEST (PRINTOUT ATTACHED) **PASSED**
- SIMULATOR SOLUTION SUPPLIER **GUTH LABS INC** LOT # **14030** EXP. DATE **20 JAN 16**
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34.0°C** SIMULATOR SN **501157** 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 .097	TEST 2 .098	TEST 3 .096
--------------------	--------------------	--------------------

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
0	0	0	0	0	0

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 THOMAS G. HUFFLES
TYPE / PERMIT NUMBER/EXPIRATION DATE 220097 04/24/14	TELEPHONE NUMBER 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



GUTH LABORATORIES, INC.

590 NORTH 6TH STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-664-5470

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 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 016010

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

DIAGNOSTIC TEST 15:04

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

EMI

© 1986 by CMI INC.

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 66-005214
E735.23

04/09/2014
15:05

ABCDEFGHIJKLMN OPQRSTU VWXYZ0123
ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789
ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789!@# abcde
ABCDEFGHIJKLMN O
ABCDEFGHIJKLMN OPQR
ABCDEFGHIJKLMN OPQRSTU
ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789!@# abcde

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER[®] INSTRUMENT PRINTER CARD

© 1986 by CMI INC.



THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

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

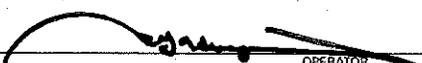
TEST	%BAC	TIME
AIR BLANK	.000	15:06
CAL. CHECK	.097	15:06
AIR BLANK	.000	15:06
CAL. CHECK	.098	15:07
AIR BLANK	.000	15:07
CAL. CHECK	.096	15:08
AIR BLANK	.000	15:08

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION


OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

EMI_{INC.}

© 1986 by CMI INC.

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

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

04/09/2014
15:09

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER[®] INSTRUMENT PRINTER CARD

© 1986 by CMI INC.



State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
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