



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

RECEIVED 1/14/14-CD

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 12:08 pm, Feb 04, 2014

INTOXILYZER 5000 SN 66-005230	NAME OF AGENCY Kansas City Missouri Police Department	DATE OF INSPECTION 01-03-2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 6801 NE Pleasant Valley Rd (SCDD) KCMO	TIME OF INSPECTION 0201
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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) **.390**

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) **01-03 2014 0203**

CHARACTER DISPLAY TEST

PRINT TEST (PRINTOUT ATTACHED)

SIMULATOR SOLUTION SUPPLIER **Guth Laboratories Inc.** LOT # **13210** EXP. DATE **07/29/2015**

SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34.0** SIMULATOR SN **SD2851** EXP. DATE **08/02/2014**

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 .097	TEST 2 .098	TEST 3 .098
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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 1	0-.04 1	.05-.09 0	.10-.14 1	.15-.19 0	Over .19 1
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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).

Breath Instrument was tested and certified within the Department of Health and Senior Services Guidelines.

INSPECTING OFFICER

SIGNATURE L. Pollard	PRINT FULL NAME Lawrence Pollard
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TYPE II PERMIT NUMBER/EXPIRATION DATE 230167 08/14/2015	TELEPHONE NUMBER (816) 482-8141
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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

6801 NE PLEASANT VALLEY RD
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005230
01/03/2014

SN 66-005230
E735.23
INVALID TEST
INHIBITED - RFI

01/03/2014
02:08

DIAGNOSTIC TEST 02:03

PRGM 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
ABCDEFGHIJKLMNPOQRSTUVWXYZ
0123456789

SN 66-005230 01/03/2014
E735.23 02:04

ABCDEFGHIJKLMNPOQRSTUVWXYZ0123
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789!@#*abcde
ABCDEFGHIJKLMNO
ABCDEFGHIJKLMNPOQR
ABCDEFGHIJKLMNPOQRSTU
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789!@#*abcde

6801 NE PLEASANT VALLEY RD
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005230
01/03/2014

TEST	XBAC	TIME
AIR BLANK	.000	02:05
CAL. CHECK	.097	02:05
AIR BLANK	.000	02:06
CAL. CHECK	.098	02:06
AIR BLANK	.000	02:06
CAL. CHECK	.098	02:07
AIR BLANK	.000	02:07

NO RFI PRESENT

SUBJECT NAME

Certs

LOCATION OF TEST

OFFICER'S SIGNATURE & SERIAL NO.

Form 123 P.D. (8-91)

SUBJECT NAME

Certs

LOCATION OF TEST

OFFICER'S SIGNATURE & SERIAL NO.

Form 123 P.D. (8-91)



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



PERMIT
TYPE II

LAWRENCE POLLARD

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000, INTOXILYZER 8000

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 8/14/2013

NUMBER 230167

EXPIRES 8/14/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (8-10)

LAB-4 (R8-10)



GUTH LABORATORIES, INC.
100 NORTH 5TH STREET • HANOVER, PA 17130-4011 • TELEPHONE: 717-633-0000

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13210 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on July 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XLi SN: 610N9030209, and found to contain 0.1216% (w/vol) ethyl alcohol. The expiration date for this lot number is July 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 Certified Reference Standard lot number F1122211-03 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.