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By Brian Lutmer at 4:39 pm, Jan 21, 2015



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

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.

INTOXILYZER 5000 SN 66005235 NAME OF AGENCY Sikeston DPS DATE OF INSPECTION 04-11-14

LOCATION OF INSTRUMENT (STREET AND CITY) 201 S. Kingshighway, Sikeston TIME OF INSPECTION 1815

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) OK
- DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 04-11-14 1819
- CHARACTER DISPLAY TEST OK
- PRINT TEST (PRINTOUT ATTACHED) OK
- SIMULATOR SOLUTION SUPPLIER Guth Laboratories LOT # 13290 EXP. DATE 10-29-15
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0°C SIMULATOR SN SD2245 EXP. DATE 3-12-14

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 = .100 TEST 2 = .097 TEST 3 = .098

PERFORM RFI TEST (PRINTOUT ATTACHED) OK

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

REFUSALS <u>0</u>	0-.04 <u>1</u>	.05-.09 <u>1</u>	.10-.14 <u>1</u>	.15-.19 <u>0</u>	Over .19 <u>0</u>
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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).
Instrument is functioning within D.O. H. Standards.

INSPECTING OFFICER
SIGNATURE Frank Adams PRINT FULL NAME Frank Adams
TYPE II PERMIT NUMBER/EXPIRATION DATE 220200 08-21-14 TELEPHONE NUMBER (573) 471-6200

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

SN 66-005235
E735.23

04/01/1201
18:19

ABCDEFGHIJKLMN0PQRSTUWXYZ0123
ABCDEFGHIJKLMN0PQRSTUWXYZ0123456789
ABCDEFGHIJKLMN0PQRSTUWXYZ0123456789!
ABCDEFGHIJKLMN0PQRSTUWXYZ0123456789!
ABCDEFGHIJKLMN0PQRSTUWXYZ0123456789!
ABCDEFGHIJKLMN0PQRSTUWXYZ0123456789!
ABCDEFGHIJKLMN0PQRSTUWXYZ0123456789!
ABCDEFGHIJKLMN0PQRSTUWXYZ0123456789!

201 S KIRKSTIGHWAY
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005235
04/01/1201

DIAGNOSTIC TEST 18:19

FROM 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
ABCDEFGHIJKLMN0PQRSTUWXYZ
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Frank C. Adams
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Frank C. Adams
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER™ INSTRUMENT PRINTER CARD



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SH 66-000235
EF35, 11
INVALID TEST
INHIBITED - RFI

047071201
047071201

201 S KINSHIGHWAY
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SH 66-005235
047071201

TEST	MBAC	TIME
AIR BLANK	.000	18:21
CAL. CHECK	.100	18:21
AIR BLANK	.000	18:21
CAL. CHECK	.097	18:22
AIR BLANK	.000	18:22
CAL. CHECK	.096	18:23
AIR BLANK	.000	18:23

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Frank C. Chiles
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Frank C. Chiles
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

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GUTH LABORATORIES, INC.

600 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-634-5470

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 FNI22211-02 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.

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



FRANKLIN C ADAMS

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 08/21/2012

Number 220200

Expires 08/21/2014

MO 690-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)