



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

RECEIVED
By Carol Day at 9:46 am, Jul 22, 2014

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 07/08/15
LOCATION OF INSTRUMENT (STREET AND CITY) 201 S. Kings Highway, Sikeston		TIME OF INSPECTION 1955

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.

<input checked="" type="checkbox"/> DVM TEST: (.350 ± .150)	OK
<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	OK DATE AND TIME (FROM PRINTOUT) 07/08/14 2001
<input checked="" type="checkbox"/> CHARACTER DISPLAY TEST	OK
<input checked="" type="checkbox"/> PRINT TEST (PRINTOUT ATTACHED)	OK
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER	Guth Laboratories LOT # 13290 EXP. DATE 10/29/15
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C)	34.0°C SIMULATOR SN 5D2245 EXP. DATE 05/07/15
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1 → .103	TEST 2 → .103	TEST 3 → .102
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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 0	0-.04 0	.05-.09 1	.10-.14 2	.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).

Replaced I.R. Lamp
Checked Voltages
Instrument is functioning within D.O.H. Standards

INSPECTING OFFICER	
SIGNATURE Franklin C. Adams	PRINT FULL NAME Franklin C. 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



GUTH LABORATORIES, INC.

800 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of $0.100 \text{ g}/210\text{L} \pm 3\%$.

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.

201 S. KINGSHIGHWAY
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005235
07/08/2014

DIAGNOSTIC TEST 20:01

PRON CHECK E735.23 PASSED
RAM CHECK PASSED
TEMP CHECK PASSED
PROCESSOR CHECK PASSED
SYNC PULSE PASSED
SYNC SPEED PASSED
NEG STABILITY PASSED
POS STABILITY PASSED
REF RANGE PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNPQRSTUWXYZ
0123456789

TIME FIRST OBSERVED _____
INSTRUMENT LOCATION _____
SUBJECT'S NAME _____
OPERATOR _____

Frank L. Adams
ADDITIONAL INFORMATION AND/OR REMARKS

201 S. KINGSHIGHWAY
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005235
07/08/2014

TEST XBAC TIME
AIR BLANK .000 19:58
CAL. CHECK .100 19:58
AIR BLANK .000 19:58
CAL. CHECK .100 19:59
AIR BLANK .000 19:59
CAL. CHECK .100 20:00
AIR BLANK .000 20:00
NO REF PRESENT

TIME FIRST OBSERVED _____
INSTRUMENT LOCATION _____
SUBJECT'S NAME _____
OPERATOR _____

Frank L. Adams
ADDITIONAL INFORMATION AND/OR REMARKS

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

Director of State Public Health Laboratory

Director, Department of Health