



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

**RECEIVED**  
By Carol Day at 10:03 am, Aug 28, 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 <b>66005235</b>	NAME OF AGENCY <b>Sikeston DPS</b>	DATE OF INSPECTION <b>08-14-14</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>201 S. Kingshighway, Sikeston</b>		TIME OF INSPECTION <b>1730</b>

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) OK DATE AND TIME (FROM PRINTOUT) 08/14/2014 1735
- 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 05/07/15

- 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 <u>.100</u>	TEST 2 <u>.103</u>	TEST 3 <u>.102</u>
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- 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>0</u>	.05-.09 <u>0</u>	.10-.14 <u>0</u>	.15-.19 <u>2</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*

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>Franklin C. Adams</i>	PRINT FULL NAME <b>Franklin C. Adams</b>
TYPE OF PERMIT NUMBER/EXPIRATION DATE <b>220200 08/21/14</b>	TELEPHONE NUMBER <b>673 471-6200</b>

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.**

600 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°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.*

SN 66-005235  
E735.23

08/14/2014  
17:36

ABCDEFGHIJKLMN OPQRSTUVWXYZ0123  
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789!@#abcde  
ABCDEFGHIJKLMN O  
ABCDEFGHIJKLMN OPQR  
ABCDEFGHIJKLMN OPQRSTU  
ABCDEFGHIJKLMN OPQRSTUWXYZ0123456789!@#abcde

201 S KINSHIGHWAY  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005235  
08/14/2014

DIAGNOSTIC TEST 17:35

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  
ABCDEFGHIJKLMN OPQRSTUVWXYZ  
0123456789

SUBJECT'S NAME

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

*Frank C. Adams*  
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

TIME FIRST OBSERVED

INSTRUMENT LOCATION

*Frank C. Adams*  
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS



SN 66-005235  
E735.23  
INVALID TEST  
INHIBITED - RFI

08/14/2014  
17:42

201 S KINSHIGHWAY  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005235  
08/14/2014

TEST	%BAC	TIME
AIR BLANK	.000	17:38
CAL. CHECK	.100	17:38
AIR BLANK	.000	17:39
CAL. CHECK	.103	17:39
AIR BLANK	.000	17:39
CAL. CHECK	.102	17:40
AIR BLANK	.000	17:40

NO RFI PRESENT

SUBJECT'S NAME

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

TIME FIRST OBSERVED

INSTRUMENT LOCATION

*Frank C. Adams*  
OPERATOR

*Frank C. Adams*  
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

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INTOXILYZER<sup>®</sup> INSTRUMENT PRINTER CARD



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