



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

RECEIVED
 By Carol Day at 11:47 am, Sep 22, 2014 T #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 66 005235	NAME OF AGENCY Sikeston DPS	DATE OF INSPECTION 09-20-14
LOCAT.ON OF INSTRUMENT (STREET AND CITY) 201 S. Kingshighway, Sikeston		TIME OF INSPECTION 1930

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) 09-20-2014 1932

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 05/07/2015

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>.101</u>	TEST 2 → <u>.101</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 <input type="checkbox"/>	0-.04 <input type="checkbox"/>	.05-.09 <input type="checkbox"/>	.10-.14 <input type="checkbox"/>	.15-.19 <u>1</u>	Over .19 <input type="checkbox"/>
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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 <i>Franklin Adams</i>	PRINT FULL NAME Franklin Adams
TYPE #1 PERMIT NUMBER/EXPIRATION DATE 240324 08-19-16	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.

890 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • 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

09/20/2014
19:33

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

201 S KINGSHIGHWAY
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005235
09/20/2014

DIAGNOSTIC TEST 19:32

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
ABCDEFGHIJKLMN OPQRSTU VWXYZ
0123456789

SUBJECT'S NAME

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Frank Adams
OPERATOR

Frank Adams
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER[®] INSTRUMENT PRINTER CARD



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

09/20/2014
19:39

201 S KINGSHIGHWAY
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005235
09/20/2014

TEST	KBAC	TIME
AIR BLANK	.000	19:36
CAL. CHECK	.101	19:36
AIR BLANK	.000	19:36
CAL. CHECK	.101	19:37
AIR BLANK	.000	19:37
CAL. CHECK	.102	19:38
AIR BLANK	.000	19:38

NO RFI PRESENT

SUBJECT'S NAME

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Granville A. Adams
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Granville A. Adams
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

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

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**PERMIT
TYPE II**

FRANKLIN C ADAMS

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

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 8/19/2014

NUMBER 240324

EXPIRES 8/19/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator ADAMS, FRANKLIN
Permit No 240324
Date Issued 8/19/2014 Date Expires 8/19/2016