



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

RECEIVED
 By Carol Day at 2:40 pm, Dec 03, 2014

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 <u>66005235</u>	NAME OF AGENCY <u>Sikeston Department of Public Safety</u>	DATE OF INSPECTION <u>11-26-2014</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>201 S. Kingshighway Sikeston, MO 63801</u>		TIME OF INSPECTION <u>1113</u>

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) .351

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 11-26-2014 1113

CHARACTER DISPLAY TEST

PRINT TEST (PRINTOUT ATTACHED)

SIMULATOR SOLUTION SUPPLIER Guth LOT # 13290 EXP. DATE 10-29-2015

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0° SIMULATOR SN 502245 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 <input checked="" type="checkbox"/> <u>.098</u>	TEST 2 <input checked="" type="checkbox"/> <u>.100</u>	TEST 3 <input checked="" type="checkbox"/> <u>.101</u>
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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-.04 <input checked="" type="checkbox"/>	.05-.09 <input checked="" type="checkbox"/>	.10-.14 <input checked="" type="checkbox"/>	.15-.19 <input checked="" type="checkbox"/>	Over .19 <input checked="" 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).

Replaced Battery
Reset Date and Time

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME <u>Casey Allen Riddle</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>240403 11-14-2016</u>	TELEPHONE NUMBER <u>(573) 471-6200</u>

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 11/26/2014
 E735.23 11:13

ABCDEFGHIJKLMNQRSTUWXYZ0123
 ABCDEFGHIJKLMNQRSTUWXYZ0123456789
 ABCDEFGHIJKLMNQRSTUWXYZ0123456789!@#%&'()*
 ABCDEFGHIJKLMNOPQR
 ABCDEFGHIJKLMNQRSTU
 ABCDEFGHIJKLMNQRSTUWXYZ0123456789!@#%&'()*

Maintenance
SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

OPERATOR
ADDITIONAL INFORMATION AND/OR REMARKS



INTOXILYZER® INSTRUMENT PRINTER CARD

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201 S KINGSHIGHWAY
 INTOXILYZER - ALCOHOL ANALYZER
 MO MODEL 5000 SN 66-005235
 11/26/2014

11:13

DIAGNOSTIC TEST

PROM 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
 ABCDEFGHIJKLMNQRSTUWXYZ
 0123456789

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

11/26/2014
11:15

201 S KINGSHIGHWAY
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5002 SN 66-005235
11/26/2014

TEST	MBAC	TIME
AIR BLANK	.000	11:16
CAL. CHECK	.098	11:17
AIR BLANK	.000	11:17
CAL. CHECK	.100	11:17
AIR BLANK	.000	11:18
CAL. CHECK	.101	11:18
AIR BLANK	.000	11:18

NO RFI PRESENT

Maintenance

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Maintenance

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

2

PERMIT
TYPE II
CASEY A RIDDLE

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 11/14/2014

NUMBER 240403

EXPIRES 11/14/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

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 RIDDLE, CASEY
 Permit No 240403
 Date Issued 11/14/2014 Date Expires 11/14/2016



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-6470

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 g/210L** $\pm 3\%$.

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.