



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

**RECEIVED**  
 By Carol Day at 2:32 pm, Jan 06, 2015

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 D.P.S.</b>	DATE OF INSPECTION <b>12-29-14</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>201 S. Kingshighway, Sikeston</b>		TIME OF INSPECTION <b>1056</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) 12-29-2014 1057

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 SD 2245      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>.100</u>	TEST 2 = <u>.103</u>	TEST 3 = <u>.101</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>2</u>	0-.04 <u>0</u>	.05-.09 <u>0</u>	.10-.14 <u>1</u>	.15-.19 <u>1</u>	Over .19 <u>1</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 <u>Franklin C. Adams</u>	PRINT FULL NAME <u>Franklin C. Adams</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>240324 08-19-2016</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



**GUTH LABORATORIES, INC.**

880 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## 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.*



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

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

12/29/2014  
11:02

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

201 S KINGSHIGHWAY  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005235  
12/29/2014

TEST	XBAC	TIME
AIR BLANK	.000	10:59
CAL. CHECK	.100	10:59
AIR BLANK	.000	11:00
CAL. CHECK	.103	11:00
AIR BLANK	.000	11:00
CAL. CHECK	.101	11:01
AIR BLANK	.000	11:01

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

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



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SN 66-005235  
E735.23

12/29/2014  
10:56

ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789  
ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

201 S KINGSHIGHWAY  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005235  
12/29/2014

DIAGNOSTIC TEST 10:57

SPRM 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 VWXYZ0123456789

SUBJECT'S NAME

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