



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

RECEIVED

By Carol Day at 2:05 pm, Jun 03, 2014

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 <u>66005259</u>	NAME OF AGENCY <u>SDA Security Forces</u>	DATE OF INSPECTION <u>2 Jun 2014</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>1031 Vandenberg Ave Whitman AFB</u>		TIME OF INSPECTION <u>1244</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) PASSED

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) PASSED DATE AND TIME (FROM PRINTOUT) 06/02/2014 1244

CHARACTER DISPLAY TEST PASSED

PRINT TEST (PRINTOUT ATTACHED) PASSED

SIMULATOR SOLUTION SUPPLIER Guth Labs Inc LOT # 14030 EXP. DATE 20 JAN 16

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0°C SIMULATOR SN SD1157 EXP. DATE 09/10/14

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 \blacktriangleright <u>.098</u>	TEST 2 \blacktriangleright <u>.099</u>	TEST 3 \blacktriangleright <u>.099</u>
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PERFORM RFI TEST (PRINTOUT ATTACHED) RFI Detected

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
 (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS <u>1</u>	0-.04 <u>0</u>	.05-.09 <u>0</u>	.10-.14 <u>0</u>	.15-.19 <u>0</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).

(Empty space for listing new parts and alterations)

INSPECTING OFFICER	
SIGNATURE <u>Billy R Matheny</u>	PRINT FULL NAME <u>Billy R Matheny</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>240232 5/12/2016</u>	TELEPHONE NUMBER <u>660 687 5804</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.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-684-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14030 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 22, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1215% (w/vol) ethyl alcohol. The expiration date for this lot number is January 20, 2016 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 FNI22211-02 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
BILLY R MATHENY

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 5/12/2014

NUMBER 240232

EXPIRES 5/12/2016

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 **MATHENY, BILLY**
Permit No **240232**
Date issued **5/12/2014** Date Expires **5/12/2016**

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

WAFB
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005259
06/02/2014

DIAGNOSTIC TEST 12:44

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 OPQRSTUVWXYZ
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Billy R Mathew
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD



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THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 66-005259
E735.23

06/02/2014
12:45

ABCDEFGHIJKLMN OPQRSTU VWXYZ0123
ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789
ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789!@#\$abcde
ABCDEFGHIJKLMN O
ABCDEFGHIJKLMN OPQR
ABCDEFGHIJKLMN OPQRSTU
ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789!@#\$abcde

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER[®] INSTRUMENT PRINTER CARD

EMI_{INC.}

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THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 66-005259
E735.23
INVALID TEST
INHIBITED - RFI

06/02/2014
12:54

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Billy R. Mathen
OPERATOR

ADDITIONAL INFORMATION AND / OR REMARKS

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THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

WAFB
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005253
06/02/2014

TEST	%BAC	TIME
AIR BLANK	.000	12:54
CAL. CHECK	.098	12:55
AIR BLANK	.000	12:55
CAL. CHECK	.099	12:56
AIR BLANK	.000	12:56
CAL. CHECK	.099	12:56
AIR BLANK	.000	12:57

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Billy R. McNew
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER? INSTRUMENT PRINTER CARD

EMI

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