



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

received 1/14/14-cd

REPORT #4

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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.

**REVIEWED**  
 By Carol Day at 11:22 am, Feb 11, 2014

INTOXILYZER 5000 SN <b>66-005282</b>	NAME OF AGENCY Kansas City Missouri Police Department	DATE OF INSPECTION <b>01-03-2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>5301 E 27 ST KCMO (EPD)</b>		TIME OF INSPECTION <b>0253</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) **.341**
- DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) **01-03-2014 0253**
- CHARACTER DISPLAY TEST
- PRINT TEST (PRINTOUT ATTACHED)
- SIMULATOR SOLUTION SUPPLIER Guth Laboratories Inc. LOT # 13210 EXP. DATE 07/29/2015
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34.0** SIMULATOR SN SD2851 EXP. DATE 08/02/2014
- 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 = <b>.097</b>	TEST 2 = <b>.097</b>	TEST 3 = <b>.097</b>
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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 <b>4</b>	0-.04 <b>2</b>	.05-.09 <b>1</b>	.10-.14 <b>2</b>	.15-.19 <b>1</b>	Over .19 <b>1</b>
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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).

Breath Instrument was tested and certified within the Department of Health and Senior Services Guidelines.

**INSPECTING OFFICER**

SIGNATURE <i>Lawrence Pollard</i>	PRINT FULL NAME Lawrence Pollard
TYPE II PERMIT NUMBER/EXPIRATION DATE 230167 08/14/2015	TELEPHONE NUMBER (816) 482-8141

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

9701 MARION PARK DR KCMO 64137  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005290  
01/02/2014

DIAGNOSTIC TEST 21:18  
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  
ABCDEFGHIJKLMNPOQRSTUVWXYZ  
0123456789

SN 66-005290 01/02/2014  
E735.23 21:19

ABCDEFGHIJKLMNPOQRSTUVWXYZ0123  
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789!@#  
ABCDEFGHIJKLMNPO  
ABCDEFGHIJKLMNPO  
ABCDEFGHIJKLMNPO  
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789!@#

9701 MARION PARK DR KCMO 64137  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005290  
01/02/2014

TEST %BAC TIME  
AIR BLANK .000 21:25  
CAL. CHECK .099 21:25  
AIR BLANK .000 21:25  
CAL. CHECK .097 21:26  
AIR BLANK .000 21:26  
CAL. CHECK .098 21:27  
AIR BLANK .000 21:27

NO RFI PRESENT

SN 66-005290 01/02/2014  
E735.23 21:28  
INVALID TEST  
INHIBITED - RFI

SUBJECT NAME \_\_\_\_\_  
LOCATION OF TEST Ce15

PO [Signature]  
OFFICER'S SIGNATURE & SERIAL NO. \_\_\_\_\_  
Form 123 P.D. (8-91)

CT NAME \_\_\_\_\_  
ION OF TEST Ce15

PO [Signature]  
EN'S SIGNATURE & SERIAL NO. \_\_\_\_\_  
23 P.D. (8-91)



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

2

PERMIT  
TYPE II

LAWRENCE POLLARD

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, INTOXILYZER 8000**

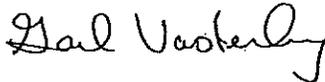
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 8/14/2013

NUMBER 230167

EXPIRES 8/14/2015

  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
acting director  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (8-10)

LAB-4 (8-10)



GUTH LABORATORIES, INC.  
100 SOUTH 5TH STREET • HANOVER, PA 17110-4011 • TEL: 717-533-7700

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13210 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on July 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.12169% (w/vol) ethyl alcohol. The expiration date for this lot number is July 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 Certified 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.