



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

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.

RECEIVED
 By Carol Day at 12:21 pm, Jan 13, 2014

INTOXILYZER 5000 SN 66005283	NAME OF AGENCY Raymore Police Department	DATE OF INSPECTION 01/13/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 100 Municipal Cir. Raymore	TIME OF INSPECTION 10:44 am
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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) _____ **.319**

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) **01/13/2014 10:46**

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 **SD2256** EXP. DATE **07/22/2014**

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 .099	TEST 2 .100	TEST 3 .100
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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	0-.04	2	.05-.09	0	.10-.14	0	.15-.19	1	Over .19	1
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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 operating within Department of Health Guidelines.

INSPECTING OFFICER

SIGNATURE <i>J Giacone #919</i>	PRINT FULL NAME Joshua Giacone
TYPE II PERMIT NUMBER/EXPIRATION DATE 220343 10/10/2014	TELEPHONE NUMBER (816) 331-0530

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.

590 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 **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 **0.1216%** (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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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.

THIS SIDE UP ↑ THIS EDGE IN

RAYMORE POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005283
01/13/2014

DIAGNOSTIC TEST 10:46

FROM 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
ABCDEFGHIJKLMNQPQRSTUVWXYZ
0123456789

THIS SIDE UP ↑ THIS EDGE IN

SN 66-005283 01/13/2014
E735.23 10:47

ABCDEFGHIJKLMNQPQRSTUVWXYZ0123
ABCDEFGHIJKLMNQPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNQPQRSTUVWXYZ012345678910#abcde
ABCDEFGHIJKLMNO
ABCDEFGHIJKLMNQPQR
ABCDEFGHIJKLMNQPQRSTU
ABCDEFGHIJKLMNQPQRSTUVWXYZ012345678910#abcde

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RAYMORE POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005283
01/13/2014

TEST	%BAC	TIME
AIR BLANK	.000	10:48
CAL CHECK	.099	10:48
AIR BLANK	.000	10:48
CAL CHECK	.100	10:49
AIR BLANK	.000	10:49
CAL CHECK	.100	10:50
AIR BLANK	.000	10:50

NO RFI PRESENT

THIS SIDE UP ↑ THIS EDGE IN

SN 66-005283 01/13/2014
E735.23 10:51
INVALID TEST
INHIBITED - RFI

RAYMORE POLICE DEPARTMENT

100 Municipal Circle
Raymore, Missouri 64083

(816) 331-0530

RAYMORE POLICE DEPARTMENT

100 Municipal Circle
Raymore, Missouri 64083

(816) 331-0530

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



JOSHUA GIACONE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000; ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 10/10/2012

Number 220343

Expires 10/10/2014

Director of State Public Health Laboratory

Director, Department of Health