



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

RECEIVED
 By Carol Day at 1:59 pm, Feb 11, 2014

QMI 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.

INTOXILYZER 5000' SN 66005283	NAME OF AGENCY Raymore Police Dept.	DATE OF INSPECTION 02/11/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 100 Municipal Cir. Raymore	TIME OF INSPECTION 12:10 pm
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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) _____ **.316**

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) **02/11/2014 12:22**

CHARACTER DISPLAY TEST

PRINT TEST (PRINTOUT ATTACHED)

SIMULATOR SOLUTION SUPPLIER **Guth Labs** 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 ☛ .100	TEST 2 ☛ .100	TEST 3 ☛ .101
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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	1	.05-.09	0	.10-.14	0	.15-.19	1	Over .19	2
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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 operating within Department of Health guidelines.

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Brent Worthley
TYPE II PERMIT NUMBER/EXPIRATION DATE 220358 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

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



BRENT WORTHLEY

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 220358

Expires 10/10/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)



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.

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01/14/2014
12:22:00
MUNICIPAL TEST
REVOLVER

01/14/2014
12:22:00

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01/14/2014
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RAYMORE POLICE DEPARTMENT
MUNICIPAL TEST
REVOLVER
MUNICIPAL TEST
REVOLVER

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ITEM	QTY	TIME
REVOLVER	100	12:22:00
MUNICIPAL TEST	100	12:22:00

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REVOLVER	100	12:22:00
MUNICIPAL TEST	100	12:22:00

RAYMORE POLICE DEPARTMENT

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REVOLVER
MUNICIPAL TEST
REVOLVER

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