



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

RECEIVED  
 By Carol Day at 2:29 pm, Jul 21, 2014

**CMI 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 07/20/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 100 Municipal Cir. Raymore		TIME OF INSPECTION 2:28 am

**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) .295

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 07/20/2014 0228

CHARACTER DISPLAY TEST

PRINT TEST (PRINTOUT ATTACHED)

SIMULATOR SOLUTION SUPPLIER Guth Labs LOT # 14030 EXP. DATE 01/20/2016

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2256 EXP. DATE 04/22/2015

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>.099</u>	TEST 2 <u>.099</u>	TEST 3 <u>.102</u>
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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	1	0-.04	0	.05-.09	2	.10-.14	3	.15-.19	1	Over .19	0
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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 Dept. of Health guidelines.

**INSPECTING OFFICER**

SIGNATURE <i>Brent Worthley</i> 921	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



**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 **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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , 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 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.*



# Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations: 19CSR 25-30.051 (4).

Checked: 4/22/2014 Expires: 04/22/2015  
Digital Therm. SN:094948  
MSC Tech:DRL Temp:33.97  
Agency: Raymore Police Dept  
SD 2256



Technician Printed Name:

DAN LUCAS

Technician Signature:

Date:

04/22/2014

Contact: Missouri Safety Center

Breath Alcohol Instrument Training Program

660-543-4834

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)

SN 66-005283  
E735.2307/20/2014  
02:28

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123  
 ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789  
 ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@##\$abcde  
 ABCDEFGHIJKLMNOPQR  
 ABCDEFGHIJKLMNOPQR  
 ABCDEFGHIJKLMNOPQRSTUV  
 ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@##\$abcde

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

RAYMORE POLICE DEPARTMENT  
 INTOXILYZER - ALCOHOL ANALYZER  
 NO MODEL 5000 SN 66-005283  
 07/20/2014

## DIAGNOSTIC TEST

02:28

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  
 ABCDEFGHIJKLMNOPQRSTUVWXYZ  
 0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

SN 66-005283  
 E735.23  
 INVALID TEST  
 INHIBITED - RFI

07/20/2014  
 02:33

RAYMORE POLICE DEPARTMENT  
 INTOXILYZER - ALCOHOL ANALYZER  
 MQ MODEL 5000 SN 66-005283  
 07/20/2014

TEST	%BAC	TIME
AIR BLANK	.000	02:30
CAL. CHECK	.099	02:30
AIR BLANK	.000	02:30
CAL. CHECK	.099	02:31
AIR BLANK	.000	02:31
CAL. CHECK	.102	02:32
AIR BLANK	.000	02:32

NO RFI PRESENT

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 \_\_\_\_\_  
 SUBJECT'S NAME

\_\_\_\_\_  
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 TIME FIRST OBSERVED

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 INSTRUMENT LOCATION

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 SUBJECT'S NAME

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 TIME FIRST OBSERVED

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 INSTRUMENT LOCATION