



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

RECEIVED 1/14/14-CD

REVIEWED REPORT #4
 By Carol Day at 3:59 pm, Feb 10, 2014

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 66-005292	NAME OF AGENCY Belton Police Department	DATE OF INSPECTION 01/06/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 7001 E 163rd St Belton		TIME OF INSPECTION 2:20 pm

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) _____ .419
- DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 01/06/2014 1421
- CHARACTER DISPLAY TEST
- PRINT TEST (PRINTOUT ATTACHED)
- SIMULATOR SOLUTION SUPPLIER Guth LOT # 13210 EXP. DATE 07/29/2015
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD1233 EXP. DATE 07/10/2014
- 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 • .097	TEST 2 • .099	TEST 3 • .098
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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	0-0.04 0	.05-.09 0	.10-.14 0	.15-.19 0	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 returned from MO Safety Center after repairs had been made.
 Instrument within DOH regulations.

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME Michael J Davis
TYPE II PERMIT NUMBER/EXPIRATION DATE 220232 09/07/2014	TELEPHONE NUMBER (816) 331-1500

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.
500 NORTH 7TH STREET • HARRISBURG, PA 17110-4411 • TELEPHONE: 717-644-6070

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°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
Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:
Testing was conducted using Certified Reference Standard lot number EN12221A-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



**PERMIT
TYPE II**



MICHAEL DAVIS

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

INTOXILYZER 5000

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 09/07/2012
Number 220232
Expires 09/07/2014
MO 390-0771 (7-05)

W. A. ...
Director of State Public Health Laboratory
Margaret T. Donnelly
Director, Department of Health
Lab. 4 (P3-03)

SN 66-005292
E735.23
INVALID TEST
INHIBITED - RFI

01/06/2014
14:26

BELTON POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005292
01/06/2014

TEST	%BAC	TIME
AIR BLANK	.000	14:24
CAL. CHECK	.097	14:24
AIR BLANK	.000	14:24
CAL. CHECK	.099	14:25
AIR BLANK	.000	14:25
CAL. CHECK	.098	14:26
AIR BLANK	.000	14:26

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

SN 66-005292
E735.23

01/06/2014
14:22

ABCDEFGHIJKLMN OPQRSTUVWXYZ0123
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMN OPQRSTUVWXYZ012345678910##abcde
ABCDEFGHIJKLMN
ABCDEFGHIJKLMN OP
ABCDEFGHIJKLMN OPQRSTU
ABCDEFGHIJKLMN OPQRSTUVWXYZ012345678910##abcde

BELTON POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005292
01/06/2014

DIAGNOSTIC TEST 14:21

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
ABCDEFGHIJKLMN OPQRSTUVWXYZ
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

IN THE STATE OF MISSOURI

COUNTY OF CASS

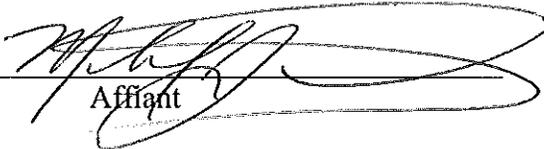
AFFIDAVIT

Before me, the undersigned authority, personally appears Michael J. Davis

Who, being by me duly sworn, deposed as follows:

My name is Michael J. Davis, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.

I am the custodian of the records of the Intoxilyzer 5000 Serial # 66-005173 and the Intoxilyzer 5000 Serial # 66-005292. Attached hereto are two pages of records from the Belton Missouri Police Department. These pages of records are kept by the Belton Missouri Police Department in the regular course of business of the Belton Missouri Police Department for the employee or representative of the Belton Missouri Police Department with the knowledge of the act, event condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time of the act, event condition, opinion or diagnosis. The record attached hereto are the original or the exact duplicates of the originals.


Affiant

IN the witness whereof I have hereunto subscribed my name and affixed by my official seal this _____.

Notary Public