



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

received 2/13/14-cd

**REVIEWED**  
 By Carol Day at 11:35 am, Mar 14, 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 <b>66005292</b>	NAME OF AGENCY <b>Belton Police</b>	DATE OF INSPECTION <b>02/04/2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>7001 E. 163rd Street, Belton, MO 64012</b>		TIME OF INSPECTION <b>1:26 am</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.

<input checked="" type="checkbox"/> DVM TEST: (.350 ± .150) _____	<b>.340</b>
<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (FROM PRINTOUT) <b>02/04/2014 01:27</b>
<input checked="" type="checkbox"/> CHARACTER DISPLAY TEST	
<input checked="" type="checkbox"/> PRINT TEST (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <b>Guth Laboratories</b>	LOT # <b>13210</b> EXP. DATE <b>07/29/2015</b>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____	<b>34.0</b> SIMULATOR SN <b>SD1233</b> EXP. DATE <b>07/10/2014</b>
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1 <b>.100</b>	TEST 2 <b>.099</b>	TEST 3 <b>.100</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	0	0-0.04	0	.05-.09	1	.10-.14	2	.15-.19	2	Over .19	3
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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).

Potentiometer adjusted.  
 Certified to Dept. of Health standards.

**INSPECTING OFFICER**

SIGNATURE <i>MPI. John Baker</i> DSN 124	PRINT FULL NAME <b>MPI. John Baker, DSN 124</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>220383 11/13/2014</b>	TELEPHONE NUMBER <b>(816) 331-1500</b>

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.**

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

**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°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 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.

State of Missouri  
DEPARTMENT OF HEALTH



**PERMIT  
TYPE II**



**JOHN W BAKER**

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 1988.

Date 11/13/2012

Number 220383

Expires 11/13/2014

Director of State Public Health Laboratory

Director, Department of Health