



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

received 4/19/14-cd

REVIEWED
 By Carol Day at 11:53 am, Apr 29, 2014

INTOXILYZER 5000 SN <u>66005292</u>	NAME OF AGENCY <u>Belton Police</u>	DATE OF INSPECTION <u>04-12-2014</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>7601 E 163rd St - Belton</u>		TIME OF INSPECTION <u>0533</u>

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) .330 Pass

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) Pass DATE AND TIME (FROM PRINTOUT) 04-12-2014/0533

CHARACTER DISPLAY TEST Pass

PRINT TEST (PRINTOUT ATTACHED) Pass

SIMULATOR SOLUTION SUPPLIER Guth Laboratories LOT # 13280 EXP. DATE 10-16-2015

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0°C 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 <u>.097</u>	TEST 2 <u>.099</u>	TEST 3 <u>.097</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 <u>0</u>	0-.04 <u>0</u>	.05-.09 <u>0</u>	.10-.14 <u>0</u>	.15-.19 <u>0</u>	Over .19 <u>0</u>
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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).

INSPECTING OFFICER	
SIGNATURE <u>[Signature]</u>	PRINT FULL NAME <u>JR. DeGehr</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>220374 10-31-2014</u>	TELEPHONE NUMBER <u>816 331-1500</u>

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



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13280 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1217% (w/vol) ethyl alcohol. The expiration date for this lot number is October 16, 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 0.160 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 F1122211-02 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



P E R M I T
T Y P E I I



JEFF R DECOOK

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 10/31/2012
Number 220374
Expires 10/31/2014

W. S. ...
Director of State Public Health Laboratory
Margaret T. Donnelly
Director, Department of Health

THIS SIDE UP/THIS EDGE IN
GUTH LABORATORIES, INC. 800-233-2338

SN 66-005292 04/12/2014
E735.23 05:40
INVALID TEST
INHIBITED - RFI

THIS SIDE UP/THIS EDGE IN
GUTH LABORATORIES, INC. 800-233-2338

BELTON POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005292
04/12/2014

TEST	%BAC	TIME
AIR BLANK	.000	05:36
CAL. CHECK	.097	05:36
AIR BLANK	.000	05:37
CAL. CHECK	.099	05:37
AIR BLANK	.000	05:38
CAL. CHECK	.097	05:38
AIR BLANK	.000	05:38

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

220374

THIS SIDE UP/THIS EDGE IN
GUTH LABORATORIES, INC. 800-233-2338

SN 66-005292 04/12/2014
E735.23 05:34

ABCDEFGHIJKLMN OPQRSTUVWXYZ0123
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789!@#abcde
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789!@#abcde
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789!@#abcde
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789!@#abcde

THIS SIDE UP/THIS EDGE IN
GUTH LABORATORIES, INC. 800-233-2338

BELTON POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005292
04/12/2014

DIAGNOSTIC TEST	TIME
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
ABCDEFGHIJKLMN OPQRSTUVWXYZ
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

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220374