



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

RECEIVED 6/14/14 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.

REVIEWED
 By Carol Day at 1:48 pm, Jun 26, 2014

INTOXILYZER 5000 SN: 66005292 NAME OF AGENCY: Belton Police DATE OF INSPECTION: 06/01/2014

LOCATION OF INSTRUMENT (STREET AND CITY): 7001 E. 163rd Street, Belton, MO 64012 TIME OF INSPECTION: 10:56 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) .407

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 06/01/2014 23:00

CHARACTER DISPLAY TEST

PRINT TEST (PRINTOUT ATTACHED)

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

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 .098

TEST 2 .098

TEST 3 .097

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	2	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).

Time corrected.
 Certified to Dept. of Health standards.

INSPECTING OFFICER

SIGNATURE: *MPH. John Baker*, DSN 124

PRINT FULL NAME: MPH. John Baker, DSN 124

TYPE II PERMIT NUMBER/EXPIRATION DATE: 220383 11/13/2014

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.
 580 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-644-6470

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 0.100 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 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.

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

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

06/01/2014
23:07
DIAGNOSTIC TEST
INITIATED - RPT

06/01/2014
23:07

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

TEST	ZERO	TIME
AIR BLANK	.000	23:03
CAL. CHECK	.000	23:04
AIR BLANK	.000	23:04
CAL. CHECK	.000	23:05
AIR BLANK	.000	23:05
CAL. CHECK	.007	23:05
AIR BLANK	.000	23:06

NO NTD PRESENT

SIMULATOR
SUBJECT'S NAME

BELTON PD
INSTRUMENT LOCATION

TIME FIRST OBSERVED

BAKER
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

06/01/2014
22:56

06/01/2014
22:56

ABCDEFGHIJKLMNPOQRSTUVWXYZ0123
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789

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

DIAGNOSTIC TEST 23:06

FRON CHECK	E798.23	PASSED
RAN 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
ABCDEFGHIJKLMNPOQRSTUVWXYZ
0123456789

SIMULATOR
SUBJECT'S NAME

BELTON PD
INSTRUMENT LOCATION

TIME FIRST OBSERVED

BAKER
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS