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

CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED
By Carol Day at 1:30 pm, Jul 08, 2014

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	NAME OF AGENCY	DATE OF INSPECTION
66-005292	Belton Police Department	07/01/2014
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
7001 E 163rd St Belton		9:15 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.

- [x] DVM TEST: (.350 ± .150) .408
- [x] DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 07/01/2014 09:18
- [x] CHARACTER DISPLAY TEST
- [x] PRINT TEST (PRINTOUT ATTACHED)
- [x] SIMULATOR SOLUTION SUPPLIER Guth LOT # 13280 EXP. DATE 10/16/2015
- [x] SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD1233 EXP. DATE 07/10/2014
- [x] 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)

- [x] 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	TEST 2	TEST 3
.099	.098	.098

- [x] 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-.04	.05-.09	.10-.14	.15-.19	Over .19
3	1	1	0	3	6

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).

Within DOH Limits

INSPECTING OFFICER

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

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

SN 66-005292 07/01/2014
E735.23 09:24
INVALID TEST
INHIBITED - RFI

SN 66-005292 07/01/2014
E735.23 09:20

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

BELTON POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005292
07/01/2014

TEST	%BAC	TIME
AIR BLANK	.000	09:21
CAL. CHECK	.099	09:21
AIR BLANK	.000	09:21
CAL. CHECK	.098	09:22
AIR BLANK	.000	09:22
CAL. CHECK	.098	09:23
AIR BLANK	.000	09:23

NO RFI PRESENT

BELTON POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005292
07/01/2014

DIAGNOSTIC TEST 09:19

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

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

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

Director of State Public Health Laboratory

Director, Department of Health

GUTH LABORATORIES, INC.
890 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 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, President
GUTH LABORATORIES, INC.

raceability:
was conducted using Cerilliant Reference Standard lot number FN122211-02 whose are traceable to NIST.
ances are calibrated annually by an outside agency using NIST traceable weights.
ation verification is done prior to each use utilizing NIST traceable weights.

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 1st Day of June 2014.

Leslie Brock
Notary Public

NOTARY PUBLIC NOTARY SEAL STATE OF MISSOURI

LESLIE BROCK
My Commission Expires
March 14, 2015
Cass County
Commission #11158307