



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

received 8/14/14-cd

**REVIEWED**  
 By Carol Day at 11:46 am, Aug 28, 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 <u>66005292</u>	NAME OF AGENCY <u>Belton Police</u>	DATE OF INSPECTION <u>08-07-2014</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>7001 E. 163rd St Belton</u>		TIME OF INSPECTION <u>1421</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.

<input checked="" type="checkbox"/> DVM TEST: (.350 ± .150) <u>.387</u>	Pass
<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (FROM PRINTOUT) <u>08-07-2014 1421</u> <i>RS</i>
<input checked="" type="checkbox"/> CHARACTER DISPLAY TEST	Pass
<input checked="" type="checkbox"/> PRINT TEST (PRINTOUT ATTACHED)	Pass
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Guth Laboratories Inc</u> LOT # <u>14110</u> EXP. DATE <u>05-01-2016</u>	<i>RS</i>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0 c</u> SIMULATOR SN <u>SD1233</u> EXP. DATE <u>07-15-2015</u>	<i>RS</i>
<input type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	Pass

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>.100</u>	TEST 2 = <u>.097</u>	TEST 3 = <u>.079</u>
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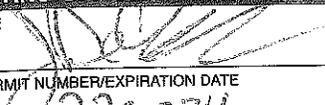
PERFORM RFI TEST (PRINTOUT ATTACHED) *RS*

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
 (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	<u>1</u>	0-.04	<u>0</u>	.05-.09	<u>1</u>	.10-.14	<u>3</u>	.15-.19	<u>1</u>	Over .19	<u>5</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).

*Checked and certified to Missouri Department of Health Standards*

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT FULL NAME <u>J.R. DeCh</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>220374</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



GUTH LABORATORIES, INC.  
 520 NORTH 12TH STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-554-5470

**CERTIFICATE OF ANALYSIS**

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14110 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on May 5, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1206% (w/vol) ethyl alcohol. The expiration date for this lot number is May 1, 2016 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 Certified 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



**P E R M I T  
 TYPE II**



**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

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

SN 66-005292 08/02/2014  
E735.23 14:35  
INVALID TEST  
INHIBITED - RFI

BELTON POLICE DEPARTMENT  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005292  
08/02/2014

TEST	%BAC	TIME
AIR BLANK	.000	14:28
CAL. CHECK	.100	14:28
AIR BLANK	.000	14:29
CAL. CHECK	.092	14:29
AIR BLANK	.000	14:29
CAL. CHECK	.099	14:30
AIR BLANK	.000	14:30

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

SN 66-005292 08/02/2014  
E735.23 14:22

ABCDEFGHIJKLMN OPQRSTUVWXYZ0123  
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMN OPQRSTUVWXYZ01234567891011abcde  
ABCDEFGHIJKLMN OPQRSTUVWXYZ01234567891011abcde  
ABCDEFGHIJKLMN OPQRSTUVWXYZ01234567891011abcde  
ABCDEFGHIJKLMN OPQRSTUVWXYZ01234567891011abcde

BELTON POLICE DEPARTMENT  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005292  
08/02/2014

DIAGNOSTIC TEST 14:21

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

ADDITIONAL INFORMATION AND/OR REMARKS