



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

**CMI INTOXILYZER 5000 MAINTENANCE REPORT**

**RECEIVED**

REPORT #4

Complete this report at the time of the regular monthly preventive maintenance. 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.

By Carol Day at 1:59 pm, Dec 05, 2015

INTOXILYZER 5000 SN <u>66005259</u>	NAME OF AGENCY <u>SOA Security Forces</u>	DATE OF INSPECTION <u>24 NOV 15</u>
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LOCATION OF INSTRUMENT (STREET AND CITY) <u>1031 Vandenberg Ave Whiteman AFB</u>	TIME OF INSPECTION <u>1025</u>
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**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>PASSED</u>
<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED) <u>PASSED</u> DATE AND TIME (FROM PRINTOUT) <u>11/24/15 10:25</u>
<input checked="" type="checkbox"/> CHARACTER DISPLAY TEST <u>PASSED</u>
<input checked="" type="checkbox"/> PRINT TEST (PRINTOUT ATTACHED) <u>PASSED</u>
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Guth Labs</u> LOT # <u>15120</u> EXP. DATE <u>4/29/17</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0°C</u> SIMULATOR SN <u>S03147</u> EXP. DATE <u>11/23/16</u>
<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 • <u>.095</u>	TEST 2 • <u>.096</u>	TEST 3 • <u>.099</u>
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<input checked="" type="checkbox"/> PERFORM RFI TEST (PRINTOUT ATTACHED) <u>RFI DETECTED</u>
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**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>	0-0.04 <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>Billy R Matheny</u>	PRINT FULL NAME <u>Billy R Matheny</u>
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TYPE II PERMIT NUMBER/EXPIRATION DATE <u>240232 5/12/2016</u>	TELEPHONE NUMBER <u>(660) 687-5804</u>
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**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.

590 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 **15120** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **May 4, 2015**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1209%** (w/vol) ethyl alcohol. The expiration date for this lot number is **April 29, 2017** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L**  $\pm 3\%$ .

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 FN08051301 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 AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM

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**PERMIT**  
**TYPE II**  
**BILLY R MATHENY**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**INTOXILYZER 5000**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 5/12/2014

NUMBER 240232

EXPIRES 5/12/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-07/1 (6-10)

LAB-4 (R6-10)

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

**INSTRUMENT OPERATOR CARD**

*The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*

Operator MATHENY, BILLY  
 Permit No 240232  
 Date Issued 5/12/2014 Date Expires 5/12/2016

WAFF  
INTOXILYZER - ALCOHOL ANALYZER  
MO MODEL 5000 SN 66-005259  
11/24/2015

DIAGNOSTIC TEST 10:25

PROM CHECK E735.23 PASSED  
RAM CHECK PASSED  
TEMP CHECK PASSED  
PROCESSOR CHECK PASSED  
SYNC PULSE PASSED  
SYNC SPEED PASSED  
NEG STABILITY PASSED  
POS STABILITY PASSED  
REF RANGE PASSED  
DIAGNOSTIC PASSED

PRINTER CHECK  
ABCDEFGHIJKLMNQRSTUWXYZ  
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

*Buddy R. M. [Signature]*  
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS



INTOXILYZER<sup>®</sup> INSTRUMENT PRINTER CARD

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SN 66-005259 11/24/2015  
E735.23 10:25

ABCDEFGHIJKLMNQRSTUWXYZ0123  
ABCDEFGHIJKLMNQRSTUWXYZ0123456789  
ABCDEFGHIJKLMNQRSTUWXYZ0123456789 0#\*#bcde  
ABCDEFGHIJKLMNQRSTUWXYZ0123456789 0#\*#bcde  
ABCDEFGHIJKLMNQRSTUWXYZ0123456789 0#\*#bcde

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

*Buddy R. M. [Signature]*  
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS



INTOXILYZER<sup>®</sup> INSTRUMENT PRINTER CARD

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SN 66-005259  
E735.23  
INVALID TEST  
INHIBITED - RFI

11/24/2015  
10:31

WAFB  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005259  
11/24/2015

TEST	%BAC	TIME
AIR BLANK	.000	10:38
CAL. CHECK	.095	10:36
AIR BLANK	.000	10:39
CAL. CHECK	.096	10:39
AIR BLANK	.000	10:40
CAL. CHECK	.097	10:40
AIR BLANK	.000	10:40

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

*Billy R. Walker*  
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

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SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

*Billy R. Walker*  
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER<sup>®</sup> INSTRUMENT PRINTER CARD

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