



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

RECEIVED
By Carol Day at 8:45 am, Apr 14, 2015

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 66004891	NAME OF AGENCY Sikeston DPS	DATE OF INSPECTION 04-09-15
LOCATION OF INSTRUMENT (STREET AND CITY) 201 S. Kings Highway, Sikeston		TIME OF INSPECTION 2339

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) OK
<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED) OK DATE AND TIME (FROM PRINTOUT) 04-09-15 2339
<input checked="" type="checkbox"/> CHARACTER DISPLAY TEST OK
<input checked="" type="checkbox"/> PRINT TEST (PRINTOUT ATTACHED) OK
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER both laboratories LOT # 14220 EXP. DATE 09-24-16
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0°C SIMULATOR SN SD 2245 EXP. DATE 05-07-15

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 = .100	TEST 3 = .098
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PERFORM RFI TEST (PRINTOUT ATTACHED) **OK**

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

REFUSALS 0	0-.04 1	.05-.09 0	.10-.14 0	.15-.19 0	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).

Instrument is functioning within D.O.H. Standards.

INSPECTING OFFICER	
SIGNATURE Franklin C. Adams	PRINT FULL NAME Franklin C. Adams
TYPE II PERMIT NUMBER/EXPIRATION DATE 240324 08/19/16	TELEPHONE NUMBER 573 471-6200

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: 717-564-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14220 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 25, 2014, 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 September 24, 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 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.

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

311 S KINGSHIGHWAY
INTOXILYZER - ALCOHOL INHALIZER
NO MODEL 5000 SN 66 054831
04/09/2015

TEST	RESULT	TIME
MIR BLOW	0000	23:41
CHL. CHECK	0000	23:41
MIR BLOW	0000	23:41
CHL. CHECK	1000	23:42
MIR BLOW	0000	23:42
CHL. CHECK	0000	23:43
MIR BLOW	0000	23:43

NO RFI PRESENT

SN 66 054831
04/09/2015
23:44
INHALID TEST
INIBITED - RFI

SUBJECT'S NAME

INSTRUMENT LOCATION

TIME FIRST OBSERVED

Paul C. [Signature]

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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SUBJECT'S NAME

INSTRUMENT LOCATION

TIME FIRST OBSERVED

Paul C. [Signature]

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 85-804551 04/03/2015 23:46
E735.23

HECDEFHIJKLJNOPQRSTUWXYZ0123
HECDEFHIJKLJNOPQRSTUWXYZ0123456789
HECDEFHIJKLJNOPQRSTUWXYZ0123456789
HECDEFHIJKLJNOPQRSTUWXYZ0123456789
HECDEFHIJKLJNOPQRSTUWXYZ0123456789
HECDEFHIJKLJNOPQRSTUWXYZ0123456789
HECDEFHIJKLJNOPQRSTUWXYZ0123456789

SUBJECT'S NAME

INSTRUMENT LOCATION

TIME FIRST OBSERVED

[Signature]
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS



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THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

291 S KINGSHIGHWAY
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 85-804551
04/03/2015

DIAGNOSTIC TEST 23:33

FRONT 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 RMSE PASSED
DIAGNOSTIC PASSED

PRINTER CHECK
HECDEFHIJKLJNOPQRSTUWXYZ
0123456789

SUBJECT'S NAME

INSTRUMENT LOCATION

TIME FIRST OBSERVED

[Signature]
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS



INTOXILYZER® INSTRUMENT PRINTER CARD

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



**PERMIT
TYPE II**

FRANKLIN C ADAMS

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 8/19/2014

NUMBER 240324

EXPIRES 8/19/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (5-10)

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 ADAMS, FRANKLIN
Permit No 240324
Date issued 8/19/2014 Date Expires 8/19/2016