



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

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 <i>66-005174</i>	NAME OF AGENCY <i>Poplar Bluff Police Dept</i>	DATE OF INSPECTION <i>01/08/15</i>
LOCATION OF INSTRUMENT (STREET AND CITY) <i>330 N 2nd ST POPLAR BLUFF MO 63901</i>		TIME OF INSPECTION <i>0130</i>

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) *.446*
- DIAGNOSTIC CHECK (PRINTOUT ATTACHED) *PASSED* DATE AND TIME (FROM PRINTOUT) *01/08/15 0130*
- CHARACTER DISPLAY TEST *PASSED*
- PRINT TEST (PRINTOUT ATTACHED) *PASSED*
- SIMULATOR SOLUTION SUPPLIER *DLTH LAB* LOT # *14200* EXP. DATE *8/5/16*
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) *340C* SIMULATOR SN *SD 2748* EXP. DATE *01/13/15*

- 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 <i>.1097</i>	TEST 2 <i>.1098</i>	TEST 3 <i>.1097</i>
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- PERFORM RFI TEST (PRINTOUT ATTACHED) *PASSED*

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

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

NO NEW PARTS ADDED

INSPECTING OFFICER	
SIGNATURE <i>Carl Rind W. Knapp #255</i>	PRINT FULL NAME <i>RICHARD W. KNAPP</i>
TYPE II PERMIT NUMBER/EXPIRATION DATE <i>230135 07/11/15</i>	TELEPHONE NUMBER <i>573-785-5776</i>

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

4011 4th St. POPULAR BLUFF MO
 INTOXILYZER - ALCOHOL ANALYZER
 ID# MODEL 5000 SN 66-005174
 01/08/2015

SN LU 005174
 L125.23
 INVALID TEST
 INHIBITED - RFI

01/08/2015
 01:41

TEST MEAC TIME
 AIR BLANK .000 01:37
 CHL. CHECK .097 01:37
 AIR BLANK .000 01:37
 CHL. CHECK .098 01:38
 AIR BLANK .000 01:38
 CHL. CHECK .097 01:39
 AIR BLANK .000 01:39

NO RFI PRESENT

TIME FIRST OBSERVED	INSTRUMENT LOCATION	SUBJECTS NAME	TIME FIRST OBSERVED	INSTRUMENT LOCATION	SUBJECTS NAME
		OPERATOR <i>WMP</i>			OPERATOR <i>WMP</i>
ADDITIONAL INFORMATION AND / OR REMARKS					
INTOXILYZER 5000 INSTRUMENT PRINTER CARD					
	CMSU 1670-97			CMSU 1670-97	
INTOXILYZER 5000 INSTRUMENT PRINTER CARD					
	CMSU 1670-97			CMSU 1670-97	



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14200 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 6, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1213% (w/vol) ethyl alcohol. The expiration date for this lot number is August 5, 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 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 AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

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**PERMIT
TYPE II**

RICHARD W KNAPP

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

ALCO-SENSOR IV WITH PRINTER, 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 7/11/2013

NUMBER 230135

EXPIRES 7/11/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 KNAPP, RICHARD
Permit No 230135
Date Issued 7/11/2013 Date Expires 7/11/2015