



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

RECEIVED
 By Carol Day at 12:38 pm, Mar 06, 2015

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>3/5/15</i>
LOCATION OF INSTRUMENT (STREET AND CITY) <i>330 N 2nd St Poplar Bluff MO 63901</i>		TIME OF INSPECTION <i>0508</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) .443

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) PASSED DATE AND TIME (FROM PRINTOUT) 3/5/15 0508

CHARACTER DISPLAY TEST PASSED

PRINT TEST (PRINTOUT ATTACHED) PASSED

SIMULATOR SOLUTION SUPPLIER BOTH LAB LOT # 14200 EXP. DATE 8/5/16

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34°C SIMULATOR SN SD 2748 EXP. DATE 1/15/16

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>1.096</i>	TEST 2 • <i>1.096</i>	TEST 3 • <i>1.097</i>
-----------------------	-----------------------	-----------------------

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

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>Richard W. Knauff</i>	PRINT FULL NAME <i>RICHARD W. KNAUFF</i>
TYPE II PERMIT NUMBER/EXPIRATION DATE <i>230135 7/11/15</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



GUTH LABORATORIES, INC.

690 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 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

2

**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

MO 560-0771 (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 **KNAPP, RICHARD**
Permit No **230135**
Date Issued **7/11/2013** Date Expires **7/11/2015**

SN 66-005174 03/05/2015
E735.23 05:18
INVALID TEST
INHIBITED - RFI

336 N. 2ND ST. POPLAR BLUFF MO
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005174
03/05/2015

TEST	XBAC	TIME
AIR BLANK	.000	05:14
CAL. CHECK	.036	05:14
AIR BLANK	.000	05:14
CAL. CHECK	.036	05:15
AIR BLANK	.000	05:15
CAL. CHECK	.097	05:16
AIR BLANK	.000	05:16

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

Kramer #255

INTOXILYZER® INSTRUMENT PRINTER CARD



© 1986 by CMI INC.

SN 66-005174 03/05/2015
E735.23 05:18

ABCDEFGHIJKLMN OPQRSTUVWXYZ0123
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789 I@#%abcde
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789 I@#%abcde
ABCDEFGHIJKLMN OPQRSTUVWXYZ0123456789 I@#%abcde

336 N. 2ND ST. POPLAR BLUFF MO
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005174
03/05/2015

DIAGNOSTIC TEST	05:08
RAM 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
ABCDEFGHIJKLMN OPQRSTUVWXYZ
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

Kramer #255

INTOXILYZER® INSTRUMENT PRINTER CARD



© 1986 by CMI INC.