



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

RECEIVED REPORT #
 By Carol Day at 11:31 am, Apr 10, 2015

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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 66-005174	NAME OF AGENCY Poplar Bluff Police Dept	DATE OF INSPECTION 4/8/15
LOCATION OF INSTRUMENT (STREET AND CITY) 330 N 2nd St Poplar Bluff MO 63901		TIME OF INSPECTION 0339

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) **.429**
- DIAGNOSTIC CHECK (PRINTOUT ATTACHED) **PASSED** DATE AND TIME (FROM PRINTOUT) **4/8/15 0339**
- CHARACTER DISPLAY TEST **PASSED**
- PRINT TEST (PRINTOUT ATTACHED) **PASSED**
- SIMULATOR SOLUTION SUPPLIER **EVTH 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 • .096	TEST 2 • .097	TEST 3 • .097
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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	0-.04 1	.05-.09	.10-.14	.15-.19 1	Over .19 1
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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 Richard W. Knapp	PRINT FULL NAME RICHARD W. KNAPP
TYPE II PERMIT NUMBER/EXPIRATION DATE 230135 7/1/15	TELEPHONE NUMBER 573 785 5776

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 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

SN 66-00174
UNLIMITED TEST
UNHIBITED - RPT

04/08/2015
03:45

550 N. 2ND ST. POPLAR BLUFF MO
INTOXILYZER - ALCOHOL ANALYZER
HD MODEL 5000 SN 66-005174
04/08/2015

TEST	SPAC	TIME
ATR BLANK	.000	03:44
CAL. CHECK	.096	03:45
ATR BLANK	.000	03:45
CAL. CHECK	.097	03:45
ATR BLANK	.000	03:46
CAL. CHECK	.097	03:46
ATR BLANK	.000	03:46

NO RPT PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD



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SN 66-00174

04/08/2015
03:45

ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789

550 N. 2ND ST. POPLAR BLUFF MO
INTOXILYZER - ALCOHOL ANALYZER
HD MODEL 5000 SN 66-005174
04/08/2015

DIAGNOSTIC TEST 03:35

PRON CHECK E735.23	PASSED
RAM CHECK	PASSED
TEMP CHECK	PASSED
PROCESSOR CHECK	
SYNC PULSE	PASSED
SYNC SPEED	PASSED
HFC STABILITY	PASSED
POS STABILITY	PASSED
REF RANGE	PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNPOQRSTUVWXYZ
0123456789

SUBJECT'S NAME

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