



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. *Expires After 02-17-2015*

INTOXILYZER 5000 SN <i>66005283</i>	NAME OF AGENCY <i>Dexter P.O.</i>	DATE OF INSPECTION <i>1-13-15</i>
LOCATION OF INSTRUMENT (STREET AND CITY) <i>305 Cooper Dexter MO 63841</i>		TIME OF INSPECTION <i>2130</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) *.326 Passed*
 - DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) *1-13-15 2137*
 - CHARACTER DISPLAY TEST
 - PRINT TEST (PRINTOUT ATTACHED)
 - SIMULATOR SOLUTION SUPPLIER *Repro* LOT # *14001* EXP. DATE *4-30-16*
 - SIMULATOR TEMPERATURE (34°C ± 0.2°C) *34.0°C* SIMULATOR SN *SD3328* EXP. DATE *3-11-15*
 - 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>.097</i>	TEST 2 • <i>.098</i>	TEST 3 • <i>.099</i>
----------------------	----------------------	----------------------

PERFORM RFI TEST (PRINTOUT ATTACHED)

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

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

INSPECTING OFFICER	
SIGNATURE <i>[Signature]</i>	PRINT FULL NAME <i>H. JOSEPH T. CANTON</i>
TYPE II PERMIT NUMBER/EXPIRATION DATE <i>24033D 9-3-16</i>	TELEPHONE NUMBER <i>573-624-5512</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

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010.

DEXTER POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
TNO MODEL 3000 SN 66-005283
01/13/2015

DIAGNOSTIC TEST 21:37

FROM CHECK 8735.23 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
ABCDEFGHIJKLMNQPQRSTUVWXYZ
0123456789

Maintenance Report

SUBJECT'S NAME

2130

Dexter P.D.

INSTRUMENT LOCATION

TIME FIRST OBSERVED

Operator Signature

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

© 1986 by CMI, INC.



THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010.

SN 66-005283
E735.23

01/13/2015
21:36

ABCDEFGHIJKLMNQPQRSTUVWXYZ0123
ABCDEFGHIJKLMNQPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNQPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNQPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNQPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNQPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNQPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNQPQRSTUVWXYZ0123456789

Maintenance Report

SUBJECT'S NAME

2130

Dexter P.D.

INSTRUMENT LOCATION

TIME FIRST OBSERVED

Operator Signature

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

© 1986 by CMI, INC.



THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010.

DENVER POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
MD MODEL 5000 SN 66-005283
01/13/2015

TEST	WENC	TIME
AIR BLANK	.000	21:41
CAL. CHECK	.097	21:41
AIR BLANK	.000	21:41
CAL. CHECK	.098	21:42
AIR BLANK	.000	21:42
CAL. CHECK	.099	21:43
AIR BLANK	.000	21:43

NO RFI PRESENT

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010.

SN 66-005283
E795.23
INVALID TEST
INHIBITED - RFI
01/13/2015
21:39

Maintenance Report

SUBJECT'S NAME

230

TIME FIRST OBSERVED

Denver PD.

INSTRUMENT LOCATION

[Signature]

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

Maintenance Report

SUBJECT'S NAME

9130

TIME FIRST OBSERVED

Denver PD.

INSTRUMENT LOCATION

[Signature]

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS



CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.
LOT NUMBER: 14001
EXPIRATION DATE: April 30, 2016 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

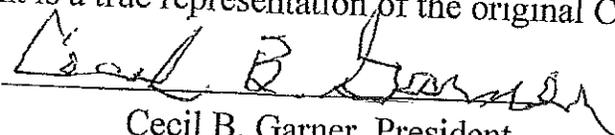
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 14001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1216 gms/dl +/-0.003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of .100 +/-3% gms/210L Breath when heated to 34 Degrees Celsius +/-0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is May 1, 2014
The expiration date for this lot number is April 30, 2016 at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.



Cecil B. Garner, President
RepCo Marketing, Inc.



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

2

**PERMIT
TYPE II**

JOSHUA T BENTON

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 9/3/2014

NUMBER 240330

EXPIRES 9/3/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (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 BENTON, JOSHUA
Permit No 240330
Date Issued 9/3/2014 Date Expires 9/3/2016