



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 <u>66-005235</u>	NAME OF AGENCY <u>SIKESTON DPS</u>	DATE OF INSPECTION <u>02/12/2016</u>
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LOCATION OF INSTRUMENT (STREET AND CITY) <u>201 S. Kings Highway Sikeston, MO 63801</u>	TIME OF INSPECTION <u>0939</u>
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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) <u>.355</u>
<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) <u>02/12/2016 0939</u>
<input checked="" type="checkbox"/> CHARACTER DISPLAY TEST
<input checked="" type="checkbox"/> PRINT TEST (PRINTOUT ATTACHED)
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Guth</u> LOT # <u>1422.0</u> EXP. DATE <u>09/24/2016</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0°C</u> SIMULATOR SN <u>SD2245</u> EXP. DATE <u>05/04/2016</u>

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 <u>.095</u>	TEST 2 <u>.100</u>	TEST 3 <u>.095</u>
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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 <input checked="" type="checkbox"/>	0-.04 <input type="checkbox"/>	.05-.09 <input checked="" type="checkbox"/>	.10-.14 <input checked="" type="checkbox"/>	.15-.19 <input checked="" type="checkbox"/>	Over .19 <input checked="" type="checkbox"/>
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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)

Operating within DHSS standards.

INSPECTING OFFICER

SIGNATURE <u>[Signature]</u>	PRINT FULL NAME <u>Casey Allen Riddle</u>
TYPE II PERMIT NUMBER EXPIRATION DATE <u>250119 01/14/2017</u>	TELEPHONE NUMBER <u>(573) 471-6200</u>

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 6TH STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

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 010010

THIS SIDE UP, THIS EDGE IN. FORM NUMBER 010010

SN 66-005235
E735, 23

02/12/2016
09:40

ABCDEFGHIJKLMNPOQRSTUVWXYZ0123
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789!@#t\$bcde
ABCDEFGHIJKLMNPO
ABCDEFGHIJKLMNPOQR
ABCDEFGHIJKLMNPOQRSTU
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789!@#t\$bcde

SN 66-005235
E735, 23

02/12/2016
09:49

INVALID TEST
INHIBITED - RFI

Maintenance
SUBJECT'S NAME

Maintenance
SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Riddle
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Riddle
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER[®] INSTRUMENT PRINTER CARD



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INTOXILYZER[®] INSTRUMENT PRINTER CARD



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THIS SIDE UP: THIS EDGE IN. FORM NUMBER 016010.

THIS SIDE UP: THIS EDGE IN. FORM NUMBER 016010.

201 S. KINGSHIGWAY
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SH 66-005235
02/12/2016

201 S. KINGSHIGWAY
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SH 66-005235
02/12/2016

TEST	%BAC	TIME
AIR BLANK	.000	09:46
CAL. CHECK	.095	09:46
AIR BLANK	.000	09:46
CAL. CHECK	.100	09:47
AIR BLANK	.000	09:47
CAL. CHECK	.098	09:48
AIR BLANK	.000	09:48

DIAGNOSTIC TEST 09:39

PRGM CHECK E735.23	PASSED
RAM CHECK	PASSED
TEMP CHECK	PASSED
PROCESSOR CHECK	
SYNC PULSE	PASSED
SYNC SPEED	PASSED
NEG STABILITY	PASSED
POS STABILITY	PASSED
REF RANGE	PASSED

NO RFI PRESENT

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNPOQRSTUVWXYZ
0123456789

Maintenance
SUBJECT'S NAME

Maintenance
SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Riddle
OPERATOR

Riddle
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

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**

CASEY A RIDDLE

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

INTOX DMT, 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 5/14/2015

NUMBER 250119

EXPIRES 5/14/2017

MO 680-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 RIDDLE, CASEY
Permit No 250119
Date Issued 5/14/2015 Date Expires 5/14/2017