MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY

CMI INTOXILYZER 5000 MAINTENANCE REPORT

BREATH ALCOHOL PROGRAM
JUN - 8 2009
DHSS

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN	DATE OF INSPECTION
City of Woodson Terrace - 66002941	June 08, 2009
LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
4305 Woodson Road, Woodson Terrace, MO	15:20

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☑ DVM TEST: (.350 ± .150) 0.330

☑ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) pass

☑ CHARACTER DISPLAY TEST pass

☑ PRINT TEST (PRINTOUT ATTACHED) pass

☑ TIME AND DATE pass

☑ CALIBRATION CHECK —

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. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)

☑ 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
☐ 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE
(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1	0.100	TEST 2	0.098	TEST 3	0.100

☑ SIMULATOR TEMPERATURE (34° ± .2°C) 34.0 degrees C

☑ PERFORM RFI TEST (PRINTOUT ATTACHED) pass

☑ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: **(DO NOT INCLUDE SIMULATOR TESTS)**

REFUSALS	0	0-.04	0	.05-.09	0	.10-.14	0	.15-.19	0	Over .19	0

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).

Guth Laboratories 0.10% Alcohol vapor solution.

Mfg. Date: 12/8/08 , Expiration Date: 12/8/09

Lot #: 08400, Bottle #:1513

Instrument is operating within DOHSS Standards

INSPECTING OFFICER

SIGNATURE	PRINT NAME
▶ #77	Patrolman Eddie Lee #77
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
920110 / 05 - 11 - 2011	(314) 427-5858

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

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 08400 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain 0.1204 percent (w/vol) ethyl alcohol. The expiration date for this lot number is December 8, 2009 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 0.10 percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

WOODSON TERRACE POLICE DEPT
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-002941
06/08/2009

TEST	%BAC	TIME
AIR BLANK	.000	15:22
CAL. CHECK	.100	15:23
AIR BLANK	.000	15:23
CAL. CHECK	.098	15:23
AIR BLANK	.000	15:24
CAL. CHECK	.100	15:24
AIR BLANK	.000	15:25

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

CMI

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SN 66-002941 06/08/2009
E735.23 15:26

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#$abcde
ABCDEFGHIJKLMNO
ABCDEFGHIJKLMNOPQR
ABCDEFGHIJKLMNOPQRSTUV
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#$abcde

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

CMI

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THIS SIDE UP, THIS EDGE IN, FORM NUMBER 015010

WOODSON TERRACE POLICE DEPT
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-002941
06/08/2009

DIAGNOSTIC TEST 15:26

PROM 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
DIAGNOSTIC	PASSED

PRINTER CHECK
ABCDEFGHIJKLMNOPQRSTUVWXYZ
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

OPERATOR

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INTOXILYZER® INSTRUMENT PRINTER CARD

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THIS SIDE UP, THIS EDGE IN

SN 66-002941 06/08/2009
E735.23 15:27
INVALID TEST
INHIBITED - RFI

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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State of Missouri
DEPARTMENT OF HEALTH

PERMIT
TYPE II

EDDIE LEE

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

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 05/11/09

Number 920110

Expires 05/11/2011

John J Mathewson
Director of State Public Health Laboratory

Margaret T. Donnelly
Director, Department of Health

MO 580-0771 (7-88)

Lab. 4 (R7-89)