JUN - 9 2009

DHSS STATE HEALTH ...

MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY

CMI INTOXILYZER 5000 MAINTENANCE REPORT

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
66005155	05/23/09
LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
15500 Allendale Lake Rd. Lake Winnebago, Mo.	2253

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) .312 - OK
- ☑ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) OK
- ☑ CHARACTER DISPLAY TEST OK
- ☑ PRINT TEST (PRINTOUT ATTACHED) OK
- ☑ TIME AND DATE 2257 HRS - 5/23/2009 - OK
- ☑ 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	TEST 2	TEST 3
.098	.095	.095

- ☑ SIMULATOR TEMPERATURE (34° ± .2°C) 34.0°
- ☑ PERFORM RFI TEST (PRINTOUT ATTACHED) OK
- ☑ 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-.04	.05-.09	.10-.14	.15-.19	Over .19
	1	0		1	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 Inc Lot# 08240, .010% Exp 07/14/09

INSPECTING OFFICER

SIGNATURE	PRINT NAME
▶ Cpl. D. Gilbert #804	CPL. G. Gilbert #804
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
720244 - 12/12/09	816-537-7900

MO 580-1355 (9-94)

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

LAB-64

CERTIFIED ALCOHOL REFERENCE
SOLUTION FOR SIMULATOR

08240	7/14/08	7/14/09
LOT NO.	MFG. DATE	EXP. DATE

275 Gal.	500 ML	
LOT VOL.	BOT. VOL.	BOT. NO.

When this reference solution is used with a breath simulator certified by Guth Laboratories, a properly operating instrument will read 0.10

For additional information contact:

Guth Laboratories, Inc.
590 North 67th Street, Harrisburg, PA 17111
Toll Free 800-233-2338

Rev. 4/02

LAKE WINNEBAGO
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005155
05/23/2009

DIAGNOSTIC TEST 22:54

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

Cpl. B. Gilbert #804

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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SN 66-005155 05/23/2009
E735.23 22:57

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

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

Cpl. B. Gilbert #804

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 66-005155 05/23/2009
E735.23 23:02
INVALID TEST
INHIBITED - RFI

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

Cpl. S Gilbert #804

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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LAKE WINNEBAGO
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005155
05/23/2009

TEST	%BAC	TIME
AIR BLANK	.000	22:58
CAL. CHECK	.098	22:59
AIR BLANK	.000	22:59
CAL. CHECK	.095	22:59
AIR BLANK	.000	23:00
CAL. CHECK	.095	23:00
AIR BLANK	.000	23:00

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

Cpl. S Gilbert #804

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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State of Missouri
DEPARTMENT OF HEALTH

PERMIT
TYPE II

GENE GILBERT III

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 12/12/07

Number 720244

Expires 12/12/2009

Director of State Public Health Laboratory

Director, Department of Health

MO 580-0771 (7-88)

Lab. 4 (R7-88)