RECEIVED DHSS Breath Alcohol Program
By Carol Day at 9:11 am, Sep 02, 2009

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: 66-005220 JACKSON CT SD	DATE OF INSPECTION: 08-29-2009
LOCATION OF INSTRUMENT (STREET AND CITY): 3310 NE RENNEAU Lee's Summit	TIME OF INSPECTION: 0240

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) .311
- ☑ DIAGNOSTIC CHECK (PRINTOUT ATTACHED)
- ☑ CHARACTER DISPLAY TEST OK
- ☑ PRINT TEST (PRINTOUT ATTACHED)
- ☑ TIME AND DATE 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)**

REPCO MKT CO
LOT 08002
EXP 10/13/10 .10%

TEST 1	TEST 2	TEST 3
.096	.095	.098

- ☑ SIMULATOR TEMPERATURE (34° ± .2°C) 34.0 °C
- ☑ PERFORM RFI TEST (PRINTOUT ATTACHED)
- ☑ 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	1	1	5	2	Ø

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).

INSTRUMENT TESTED AND CERTIFIED WITHIN DHSS REGULATIONS

INSPECTING OFFICER

SIGNATURE: Ralph M Stewart	PRINT NAME: RALPH M STEWART
TYPE II PERMIT NUMBER/EXPIRATION DATE: 920117 05/21/2011	TELEPHONE NUMBER: 816-804-7562

LAB-64

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

REPCO MARKETING INC.

3101-155 STONYBROOK DRIVE
RALEIGH, N.C. 27604
919-878-9450

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.
LOT NUMBER: 05002
EXPIRATION DATE: October 13, 2010 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 05002 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed utilizing a gas chromatograph and found to contain 0.1209 gms/dl wt/vol ethyl alcohol in aqueous solution (i.e. ethanol).

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 0.100% +/-3% when heated to 34 Degrees Celsius +/-0.2 Degrees Celsius in a simulator.

The date of manufacture for this lot number is October 14, 2008. The expiration date for this lot number is October 13, 2010 at 11:59 p.m.

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

Cecil B. Garner, President
RepCo Marking, Inc.

Form MO 01

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

JACKSON S.O. DUI CKPT
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005220
08/29/2009

DIAGNOSTIC TEST 02:42

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

JACKSON S.O. DUI CKPT
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005220
08/29/2009

TEST	XBAC	TIME
AIR BLANK	.000	02:45
CAL. CHECK	.096	02:45
AIR BLANK	.000	02:45
CAL. CHECK	.095	02:46
AIR BLANK	.000	02:46
CAL. CHECK	.098	02:47
AIR BLANK	.000	02:47

NO RFI PRESENT

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 66-005220 08/29/2009
E735.23 02:44
INVALID TEST
INHIBITED - RFI

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

R Stewart R-223 920112

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 66-005220 08/29/2009
E735.23 02:43

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

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

R Stewart R-223 920112

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

State of Missouri
DEPARTMENT OF HEALTH

PERMIT
TYPE II

RALPH M STEWART

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

DATAMASTER;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 05/21/09

Number **920117**

Expires 05/21/2011

John J Mathewson
Director of State Public Health Laboratory

Margaret T. Donnelly
Director, Department of Health

MO 580-0771 (7-88)

Lab. 4 (R7-88)