MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY

CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED DHSS Breath Alcohol Program By Carol Day at 1:03 pm, Mar 03, 2010

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
66005156	3-1-10
LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
1000 N. BOONVILLE, SPFD MO 65802	1528

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) .355
- ☑ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) OK
- ☑ CHARACTER DISPLAY TEST OK
- ☑ PRINT TEST (PRINTOUT ATTACHED) OK
- ☑ TIME AND DATE 1528 / 3-1-10
- ☑ 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
.097 %	.099 %	.099 %

- ☑ SIMULATOR TEMPERATURE (34° ± .2°C) 34°C
- ☑ 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
Ø	Ø	Ø	Ø	Ø	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).

MEETS DEPARTMENT OF HEALTH STANDARDS, REPCO .100% SOLUTION. LOT # 08002, EXPIRES 10-13-2010

INSPECTING OFFICER

SIGNATURE	PRINT NAME
Shawn Clawson	SHAWN CLAWSON
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
820216 / 7-23-2010	(417) 864-1810

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

REPCO MARKETING INC.

3101-188 STONYBROOK DRIVE
RALEIGH, N.C. 27604
919-876-5480

CERTIFICATE OF ANALYSIS

Random samples of lot number **08002** of Alcohol Certified Solution for simulator were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain **.1209** gms/dl wt. /vol. ethyl alcohol.

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

When used in a calibrated simulator, operating at 34 c +/-.2 c, this solution will give an alcohol breath test instrument reading of **.100** percent BAC +/- 2% or .002 BAC (whichever is greater).

The expiration date for this lot number is **October 13, 2010** at 11:59PM.

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

Cecil B. Garner, President
RepCo Marketing, Inc.

Form RC-01

GREENE COUNTY JAIL
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005156
03/01/2010

DIAGNOSTIC TEST 15:28

PROM CHECK E735.23	PASSED
RAM CHECK	PASSED
TEMP CHECK	PASSED
PROCESSOR CHECK	
SYNC PULSE	PASSED
SYNC SPEED	PASSED
NEG STARTILITY	PASSED
POS STARTILITY	PASSED
REF RANGE	PASSED
DIAGNOSTIC	PASSED

PRINTER CHECK
ABCDEFGHIJKLMNOPQRSTUVWXYZ
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

CMI INC.

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GREENE COUNTY JAIL
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005156
03/01/2010

TEST	%BAC	TIME
AIR BLANK	.000	15:31
CAL. CHECK	.097	15:32
AIR BLANK	.000	15:32
CAL. CHECK	.099	15:33
AIR BLANK	.000	15:33
CAL. CHECK	.099	15:33
AIR BLANK	.000	15:34

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

CMI INC.

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SN 66-005156 03/01/2010
E235.23 15:29

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

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SN 66-005156 03/01/2010
E235.23 15:35
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

SHAWN CLAWSON

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 07/23/08

Number 820216

Expires 07/23/2010

Director of State Public Health Laboratory

Director, Department of Health

MO 580-0771 (7-88)

Lab. 4 (R7-88)