MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED
By Carol Day at 4:03 pm, Sep 06, 2013

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	NAME OF AGENCY	DATE OF INSPECTION
66-005048	Lee's Summit Police Department	09/05/2013
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
10 NE Tudor Rd, Lee's Summit, MO 64086		3:02 pm

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.

- [x] DVM TEST: (.350 ± .150) .251
- [x] DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 09/05/2013 1502 HRS
- [x] CHARACTER DISPLAY TEST
- [x] PRINT TEST (PRINTOUT ATTACHED)
- [x] SIMULATOR SOLUTION SUPPLIER Guth Laboratories LOT # 12040 EXP. DATE 03/07/2014
- [x] SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD3148 EXP. DATE 01/07/2014
- [x] 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)

- [x] 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	TEST 2	TEST 3
.099	.100	.100

- [x] 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	0-.04	.05-.09	.10-.14	.15-.19	Over .19
1	5	0	0	2	2

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).

None

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME
Jennifer Kudzinski 0524	MPO Jennifer L Kudzinski
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
230121 06/12/2015	(816) 969-4150

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

LEES SUMMIT POLICE DEPT.
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005048
09/05/2013

TEST	%BAC	TIME
AIR BLANK	.000	15:14
CAL. CHECK	.099	15:14
AIR BLANK	.000	15:14
CAL. CHECK	.100	15:15
AIR BLANK	.000	15:15
CAL. CHECK	.100	15:16
AIR BLANK	.000	15:16

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

J Kudzinski 0524
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

CMI

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LEES SUMMIT POLICE DEPT.
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005048
09/05/2013

DIAGNOSTIC TEST 15:02

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

J Kudzinski 0524
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

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SN 66-005048 09/05/2013
E735.23 15:10
INVALID TEST
INHIBITED - RFI

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

J Kudzinski 0524
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

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SN 66-005048 09/05/2013
E735.23 15:05

ABCDEFGHIJKLMNOPQRSTUUWXYZ0123
ABCDEFGHIJKLMNOPQRSTUUWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUUWXYZ0123456789!0#$abcde
ABCDEFGHIJKLMNO
ABCDEFGHIJKLMNOPQR
ABCDEFGHIJKLMNOPQRSTUU
ABCDEFGHIJKLMNOPQRSTUUWXYZ0123456789!0#$abcde

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

J Kudzinski 0524
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

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STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

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PERMIT
TYPE II

JENNIFER KUDZINSKI

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

DATAMASTER, INTOXILYZER 5000, ALCO-SENSOR IV W/PRINTER

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 06/12/2013

NUMBER 230121

EXPIRES 06/12/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (8-10)

LAB-4 (R4-10)

GUTH LABORATORIES, INC.
690 NORTH 5th STREET • HARRISBURG, PA 17101-2501 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator.

Random Samples of Lot Number 12040 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 9, 2012, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1211% (w/vol) ethyl alcohol. The expiration date for this lot number is March 7, 2014 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 Certificant Reference Standard lot number FN122211-02 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.