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

CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED
By Carol Day at 10:25 am, Sep 01, 2015

Complete this report at the time of the regular monthly preventive mainter
Complete this report whenever the instrument is serviced or repaired and
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
66005235	Sikeston DPS	08-21-15
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
201 S. Kingshighway, Sikeston		2006

CHECKLIST: Place a check by each item 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) OK
- [x] DIAGNOSTIC CHECK (PRINTOUT ATTACHED) OK DATE AND TIME (FROM PRINTOUT) 08/21/2016 2007
- [x] CHARACTER DISPLAY TEST OK
- [x] PRINT TEST (PRINTOUT ATTACHED) OK
- [x] SIMULATOR SOLUTION SUPPLIER Guth Laboratories LOT # 14220 EXP. DATE 09-24-2016
- [x] SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0°C SIMULATOR SN SD 2245 EXP. DATE 05-04-2016
- [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
.102	.101	.103

- [x] PERFORM RFI TEST (PRINTOUT ATTACHED) OK

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
0	1	1	0	0	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).

Instrument is functioning within D.O.H. standards

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME
Franklin C. Adams	Franklin C. Adams
TYPE/PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
240324 08-19-16	573 471-6200

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

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

201 S. KINGSHIGHWAY
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 65-005235
08/21/2016

TEST	%BAC	TIME
AIR BLANK	.000	20:10
CAL. CHECK	.102	20:11
AIR BLANK	.000	20:11
CAL. CHECK	.101	20:11
AIR BLANK	.000	20:12
CAL. CHECK	.103	20:12
AIR BLANK	.000	20:12

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

© 1986 by CMI INC.

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 65-005235 08/21/2016
E735.23 20:14
INVALID TEST
INHIBITED - RFI

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

© 1986 by CMI INC.

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

201 S. KINGSHIGHWAY
INTOXILYZER - ALCOHOL ANALYZER
MC MODEL 5000 SN 86-005235
08/21/2016

DIAGNOSTIC TEST 20:07

PROM CHECK 5735.23	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

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD.

© 1985 by CMI INC.

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 86-005235 08/21/2016
5735.23 20:08

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

© 1986 by CMI INC.

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

2

PERMIT
TYPE II

FRANKLIN C ADAMS

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

INTOX DMT, INTOXILYZER 5000

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 5/14/2015

NUMBER 250103

EXPIRES 5/14/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator ADAMS, FRANKLIN
Permit No 250103
Date Issued 6/14/2015 Date Expires 5/14/2017