



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

RECEIVED
 By Carol Day at 10:25 am, Apr 28, 2014
 REPORT #3

INTOX EC/IR II MAINTENANCE REPORT

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.

INTOX EC/IR II SN 12701	NAME OF AGENCY OVERLAND POLICE DEPT	DATE OF INSPECTION 04/27/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 2410 GOODALE OVERLAND	TIME OF INSPECTION 06:48 CDT
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CHECKLIST: Place a mark in the box 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.

<input checked="" type="checkbox"/> DIAGNOSTIC RECORD	
<input checked="" type="checkbox"/> BLANK CHECK	<input checked="" type="checkbox"/> CO2 CHECK
<input checked="" type="checkbox"/> FC 1 TEMP	<input checked="" type="checkbox"/> FLOW CHECK
<input checked="" type="checkbox"/> SRC TEMP	<input checked="" type="checkbox"/> FCB CHECK
<input checked="" type="checkbox"/> DET TEMP	<input checked="" type="checkbox"/> CRC COMP CHECK
<input checked="" type="checkbox"/> BT TEMP	<input checked="" type="checkbox"/> CRC CAL CHECK
<input checked="" type="checkbox"/> STD 2 TEMP	<input checked="" type="checkbox"/> PRINT TEST
<input checked="" type="checkbox"/> ETH CHECK	

BREATH ANALYZER ACCURACY STANDARDS

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER GUTH LABORATORIES	LOT# 14030 EXP. DATE 01/20/2016
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C) 34°C +/- .2°	SIMULATOR S/N SD2738 SIMULATOR EXP DATE 07/10/2014

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)

<input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
<input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 ¹⁵ 0.102 g/210L	TEST 2 ¹⁵ 0.103 g/210L	TEST 3 ¹⁵ 0.103 g/210L
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS 2	0-.04 1	.05-.09 0	.10-.14 2	.15-.19 3	OVER .19 0
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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).

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME MOORE, THOMAS
TYPE II PERMIT NUMBER 230293	TELEPHONE NUMBER (314) 428-1221
EXPIRATION DATE 11/26/2015	

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



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **14030** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **January 22, 2014**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1215%** (w/vol) ethyl alcohol. The expiration date for this lot number is **January 20, 2016** 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 Cerilliant 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.



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



PERMIT
TYPE II
THOMAS M MOORE

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, INTOX EC/IR II, 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 11/26/2013

NUMBER 230293

EXPIRES 11/26/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 MOORE, THOMAS
Permit No 230293
Date Issued 11/26/2013 Date Expires 11/26/2015

CAROL. 230293

I JUST BECAME A TYPE II IN MAY 13 AND HAVE 3 MAINT ON BOTH INSTRUMENTS. WOULD YOU CONSIDER COMBINING

APPROVED DHSS Breath Alcohol Program
By Brian Lutmer at 10:58 am, Nov 26, 2013



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

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR <input checked="" type="checkbox"/> NEW PERMIT <input type="checkbox"/> RENEWAL		CURRENT PERMIT NUMBER AND EXPIRATION DATE 230122	
PRINT FULL NAME THOMAS M. MOORE		TITLE POLICE OFFICER	AGE 41
SOCIAL SECURITY NUMBER [REDACTED]		A disclosure concerning your SSN number is available at: http://www.health.mo.gov/lab/breathalcohol/	
DEPARTMENT OR TROOP OVERLAND PD		TELEPHONE 314-728-1221	
BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE) 2410 GOODALE OVERLAND, MO 63114			
EMAIL ADDRESS + Moore@overlandmo.org			

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACED A / BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
05-29-13 05-30-13	U LMO / MSC	16	DATAMASTER	<input type="checkbox"/>	WELSCH
05-29-13 05-30-13	U LMO / MSC	8	AS IV WIPRINTER	<input type="checkbox"/>	WELSCH
11-20-13 11-21-13	MODOT STL	14	EC IR	<input checked="" type="checkbox"/>	WELSCH
05-20-13 05-24-13	U LMO / MSC	40	SUPERVISOR	<input type="checkbox"/>	WELSCH

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year. OK BML

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. INTOX EC/IR II	10 MR'S OK BML	10 SELF-TESTS OK BML
2.		
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT: *[Signature]* #554 DATE: 11-21-13

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901