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

INTOX DMT MAINTENANCE REPORT

RECEIVED 4/14/14-CD

REPORT #1

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.

REVIEWED
By Carol Day at 1:21 pm, Apr 28, 2014

INTOX DMT SN	NAME OF AGENCY	DATE OF INSPECTION
500000	St. Louis County Police Department	04/09/2014
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
DWI Enforcement Command Unit		13:10:51

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.

☒ DIAGNOSTIC RECORD

DATE AND TIME 04/09/2014 13:10:54 ☒ DETECTOR

☒ PROGRAM ☒ FILTER 1

☒ SAMPLE CHAMBER 48.7°C ☒ FILTER 2

☒ BREATH TUBE 47.6°C ☒ FILTER 3

☒ PUMP ☒ INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

☒ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER GUTH LOT # 14030 EXP. DATE 01/20/2016

☒ SIMULATOR TEMP (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2689 SIMULATOR EXP DATE 07/10/2014

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)
Run three tests using a standard. 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 being used.

☒ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

☐ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE

☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1: 0.102	TEST 2: 0.102	TEST 3: 0.102

☒ PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

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

Command Unit (BAT Van) was parked at 669 Salt Mill Road, Town & Country, MO 63017 during the maintenance.

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME
PB Rose	PO D ROSE

TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER
230253	11/12/2015	314-889-2341

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

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services provided on a nondiscriminatory basis

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

BLOOD ALCOHOL TEST REPORT - INTOX DMT

FORM #11

LOCATION OF INSTRUMENT	INSTRUMENT SERIAL NUMBER	DATE OF TEST	TIME OF TEST
DWI Enforcement Command Unit	500000	04/09/2014	13:22:10

SUBJECT NAME	DATE OF BIRTH
SELF TEST	09/09/1999

SEX	SUBJECT DRIVER'S LICENSE NUMBER	STATE
M	NA	MO

ARRESTING OFFICER	ARRESTING OFFICER ID
NA NA	NA

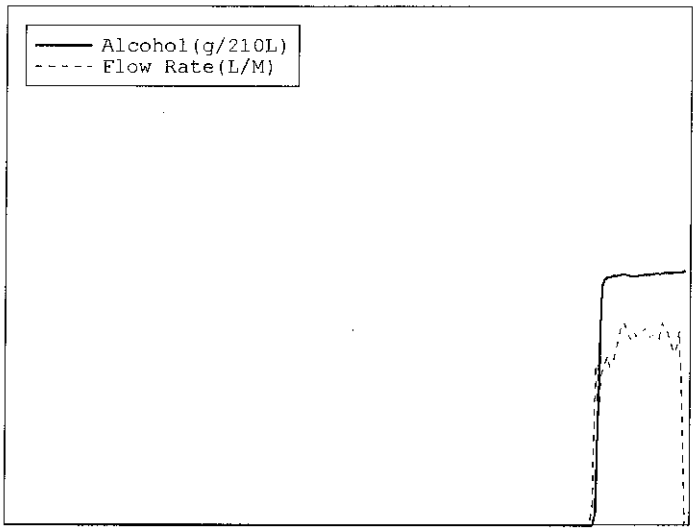
OPERATOR	OPERATOR PERMIT	PERMIT EXP DATE
PO D ROSE	230253	11/12/2015

OPERATIONAL CHECKLIST: INTOX DMT

- ☒ 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- ☒ 2. Subject observed for at least 15 minutes by PO D ROSE. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.
- ☒ 3. Assure that the power switch is ON and the screen is displaying "Ready <Push Run>".
- ☒ 4. Press the Run button on the display screen.
- ☒ 5. Enter subject and officer information.
- ☒ 6. When display reads "Please Blow" and gives audible beep, insert mouthpiece and take the subject's breath sample.

SUBJECT TEST RESULTS

BLANK TEST	0.000	13:23
INTERNAL STANDARD	VERIFIED	13:23
SUBJECT SAMPLE (Vol=1.79L)	0.099	13:24
BLANK TEST	0.000	13:25



COMMENTS

CERTIFICATION BY OPERATOR

BAC: 0.099

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

- ☒ 1. There was no deviation from the procedure approved by the department.
- ☒ 2. To the best of my knowledge the instrument was functioning properly.
- ☒ 3. I am authorized to operate the instrument.
- ☒ 4. No radio transmission occurred inside the room where and when this test was being conducted.

SIGNATURE OF OPERATOR	DATE
PO D Rose 230253	04/09/2014
WITNESS (IF ANY)	DATE

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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

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PERMIT

TYPE II

DAVID M ROSE

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 DMT, 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 11/12/2013

NUMBER 230253

EXPIRES 11/12/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Gail Vasterling ,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)