



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
 BREATH ALCOHOL PROGRAM
INTOX DMT MAINTENANCE REPORT

RECEIVED

By Carol Day at 10:20 am, Jan 23, 2014

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.

| | | |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------|
| INTOX DMT SN 500004 | NAME OF AGENCY St. Louis County Police Department | DATE OF INSPECTION 01/17/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) MODOT T.M.C. - 14301 S. Outer 40, St. Louis 63017 | | TIME OF INSPECTION 11:06:25 |

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 <u>01/17/2014 11:06:27</u> | <input checked="" type="checkbox"/> DETECTOR |
| <input checked="" type="checkbox"/> PROGRAM | <input checked="" type="checkbox"/> FILTER 1 |
| <input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.9°C</u> | <input checked="" type="checkbox"/> FILTER 2 |
| <input checked="" type="checkbox"/> BREATH TUBE <u>43.9°C</u> | <input checked="" type="checkbox"/> FILTER 3 |
| <input checked="" type="checkbox"/> PUMP | <input checked="" type="checkbox"/> INTERNAL STANDARD |

BREATH ANALYZER ACCURACY STANDARDS

SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER GUTH LOT # 13210 EXP. DATE 07/29/2015

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: **0.095** TEST 2: **0.095** TEST 3: **0.096**

PERFORM R.F.I. TEST

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

| | | | | | |
|---------------------|------------------|-------------------|-------------------|-------------------|--------------------|
| REFUSALS: 30 | 0-.04: 99 | .05-.09: 0 | .10-.14: 0 | .15-.19: 0 | 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)

New unit placed into service

INSPECTING OFFICER

| | | |
|----------------------------------------|--------------------------------------|-----------------------------------------|
| SIGNATURE <i>PO D ROSE</i> | PRINT FULL NAME PO D ROSE | |
| TYPE II PERMIT NUMBER 230253 | EXPIRATION DATE 11/12/2015 | TELEPHONE NUMBER 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



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BLOOD ALCOHOL TEST REPORT - INTOX DMT

FORM #11

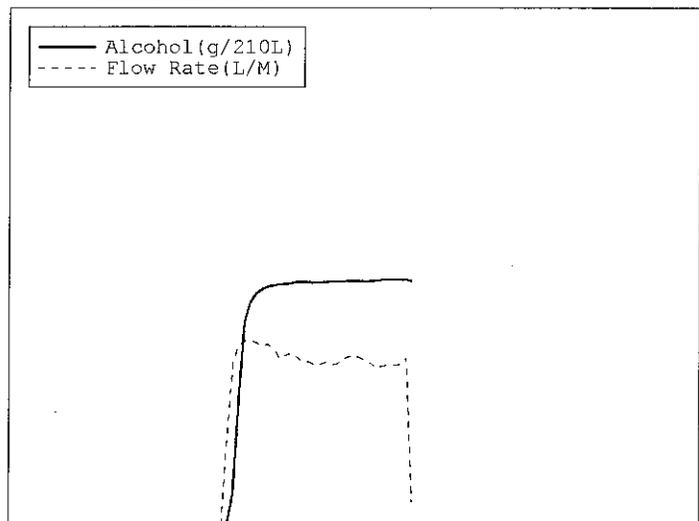
| | | | | |
|-----------------------------------------------------------------------------|---------------------------------------|------------------------------------|-------------------------------|--------------------------|
| LOCATION OF INSTRUMENT MODOT T.M.C. - 14301 S. Outer 40, St. Louis 63017 | | INSTRUMENT SERIAL NUMBER 500004 | DATE OF TEST 01/17/2014 | TIME OF TEST 11:19:26 |
| SUBJECT NAME SELF TEST | | | DATE OF BIRTH 08/08/1998 | |
| SEX F | SUBJECT DRIVER'S LICENSE NUMBER NA | | STATE HI | |
| ARRESTING OFFICER NA NA | | ARRESTING OFFICER ID NA | | |
| OPERATOR PO D ROSE | | OPERATOR PERMIT 230253 | PERMIT EXP DATE 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 | 11:20 |
| INTERNAL STANDARD | VERIFIED | 11:20 |
| SUBJECT SAMPLE (Vol=1.70L) | 0.095 | 11:21 |
| BLANK TEST | 0.000 | 11:22 |



COMMENTS

CERTIFICATION BY OPERATOR

BAC
0.095

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 <i>P. D. Rose</i> | DATE 01/17/2014 |
| WITNESS (IF ANY) | DATE |



GUTH LABORATORIES, INC.

580 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **13210** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **July 31, 2013**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1216%** (w/vol) ethyl alcohol. The expiration date for this lot number is **July 29, 2015** 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**

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

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES