



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

**RECEIVED**  
By Carol Day at 2:05 pm, Jun 19, 2014

**INTOX DMT MAINTENANCE REPORT**

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<br><b>500004</b> | NAME OF AGENCY<br><b>St. Louis County Police Department</b> | DATE OF INSPECTION<br><b>05/01/2014</b> |
|-------------------------------|---|---|

|  |                                       |
|--|---------------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><b>South County Precinct: 3031 Telegraph Road, 63125</b> | TIME OF INSPECTION<br><b>11:34:35</b> |
|--|---------------------------------------|

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"/> <b>DIAGNOSTIC RECORD</b>     |  |
| DATE AND TIME <u>05/01/2014 11:34:37</u>                         | <input checked="" type="checkbox"/> <b>DETECTOR</b>          |
| <input checked="" type="checkbox"/> <b>PROGRAM</b>               | <input checked="" type="checkbox"/> <b>FILTER 1</b>          |
| <input checked="" type="checkbox"/> <b>SAMPLE CHAMBER 48.9°C</b> | <input checked="" type="checkbox"/> <b>FILTER 2</b>          |
| <input checked="" type="checkbox"/> <b>BREATH TUBE 43.4°C</b>    | <input checked="" type="checkbox"/> <b>FILTER 3</b>          |
| <input checked="" type="checkbox"/> <b>PUMP</b>                  | <input checked="" type="checkbox"/> <b>INTERNAL STANDARD</b> |

**BREATH ANALYZER ACCURACY STANDARDS**

|   |  |
|---|--|
| <input checked="" type="checkbox"/> <b>SIMULATOR STANDARD</b> | <input type="checkbox"/> <b>COMPRESSED ETHANOL-GAS MIXTURE</b> |
|---|--|

|   |                    |                             |
|---|--------------------|-----------------------------|
| <input checked="" type="checkbox"/> <b>STANDARD SUPPLIER GUTH</b> | <b>LOT # 14030</b> | <b>EXP. DATE 01/20/2016</b> |
|---|--------------------|-----------------------------|

|   |                            |                                      |
|---|----------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> <b>SIMULATOR TEMP (34°C ± 0.2°C) 34.0</b> | <b>SIMULATOR SN SD2689</b> | <b>SIMULATOR EXP DATE 07/10/2014</b> |
|---|----------------------------|--------------------------------------|

|  |  |
|--|--|
| <input checked="" type="checkbox"/> <b>CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b><br>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. |  |
| <input checked="" type="checkbox"/> <b>0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</b>  |  |
| <input type="checkbox"/> <b>0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</b>   |  |
| <input type="checkbox"/> <b>0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</b>   |  |

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <b>TEST 1: 0.102</b> | <b>TEST 2: 0.102</b> | <b>TEST 3: 0.102</b> |
|----------------------|----------------------|----------------------|

|  |
|--|
| <input checked="" type="checkbox"/> <b>PERFORM R.F.I. TEST</b> |
|--|

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

|                    |                 |                   |                   |                   |                    |
|--------------------|-----------------|-------------------|-------------------|-------------------|--------------------|
| <b>REFUSALS: 0</b> | <b>0-.04: 1</b> | <b>.05-.09: 4</b> | <b>.10-.14: 0</b> | <b>.15-.19: 0</b> | <b>OVER .19: 0</b> |
|--------------------|-----------------|-------------------|-------------------|-------------------|--------------------|

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)

Maintenance done at MODOT T.M.C., 14301 South Outer 40 Road, Town & Country, MO 63017.

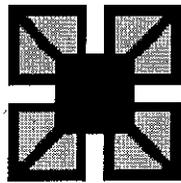
Unit calibrated by Intoximeters/NPAS technicians, and preventive maintenance completed.

**INSPECTING OFFICER**

|                               |                                     |
|-------------------------------|-------------------------------------|
| SIGNATURE<br><i>PO D ROSE</i> | PRINT FULL NAME<br><b>PO D ROSE</b> |
|-------------------------------|-------------------------------------|

|  |                                      |   |
|--|--------------------------------------|---|
| TYPE II PERMIT NUMBER<br><b>230253</b> | EXPIRATION DATE<br><b>11/12/2015</b> | TELEPHONE NUMBER<br><b>314-889-2341</b> |
|--|--------------------------------------|---|

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**



**National Patent  
Analytical Systems, Inc.**

*Certificate of Calibration*

500004

Instrument Serial Number

13180

Standard Reference Number

The above instrument has been calibrated and is hereby certified for use in determining alcohol breath concentration when used in accordance with the operating guidelines by a properly trained operator.

3-28-14

Date

Technician



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

FORM #11

|   |                                       |                                    |                               |                          |
|---|---------------------------------------|------------------------------------|-------------------------------|--------------------------|
| LOCATION OF INSTRUMENT<br>South County Precinct: 3031 Telegraph Road, 63125 |                                       | INSTRUMENT SERIAL NUMBER<br>500004 | DATE OF TEST<br>05/01/2014    | TIME OF TEST<br>14:58:00 |
| SUBJECT NAME<br>SELF TEST   |                                       |                                    | DATE OF BIRTH<br>09/09/2009   |                          |
| SEX<br>F  | SUBJECT DRIVER'S LICENSE NUMBER<br>NA |                                    | STATE<br>NH                   |                          |
| ARRESTING OFFICER<br>NA NA  |                                       | ARRESTING OFFICER ID<br>NA         |                               |                          |
| OPERATOR<br>PO D ROSE   |                                       | OPERATOR PERMIT<br>230253          | PERMIT EXP DATE<br>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    | 14:58 |
| INTERNAL STANDARD          | VERIFIED | 14:59 |
| SUBJECT SAMPLE (Vol=1.58L) | 0.101    | 14:59 |
| BLANK TEST                 | 0.000    | 15:00 |

— Alcohol (g/210L)  
- - - - - Flow Rate (L/M)

COMMENTS

|   |                    |              |
|---|--------------------|--------------|
| <b>CERTIFICATION BY OPERATOR</b>  |                    | BAC<br>0.101 |
| 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:   |                    |              |
| <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 1. There was no deviation from the procedure approved by the department.</li> <li><input checked="" type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly.</li> <li><input checked="" type="checkbox"/> 3. I am authorized to operate the instrument.</li> <li><input checked="" type="checkbox"/> 4. No radio transmission occurred inside the room where and when this test was being conducted.</li> </ul> |                    |              |
| SIGNATURE OF OPERATOR<br><i>PO D Rose</i>   | DATE<br>05/01/2014 |              |
| WITNESS (IF ANY)  | DATE               |              |



**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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L  $\pm$  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

MO 580-0771 (6-10)

*David W. Verberky*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (PB-10)