



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

RECEIVED
By Carol Day at 3:04 pm, Jun 02, 2014

INTOX DMT 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 DMT SN 500018 | NAME OF AGENCY PLEASANT VALLEY P.D. | DATE OF INSPECTION 05/24/2014 |
|------------------------|--|----------------------------------|

| | |
|---|--------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 6502 ROYAL ST., PLEASANT VALLEY, MO 64068 | TIME OF INSPECTION 00:01:32 |
|---|--------------------------------|

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 | |
| DATE AND TIME <u>05/24/2014 00:01:34</u> | <input checked="" type="checkbox"/> DETECTOR |
| <input checked="" type="checkbox"/> PROGRAM | <input checked="" type="checkbox"/> FILTER 1 |
| <input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°C</u> | <input checked="" type="checkbox"/> FILTER 2 |
| <input checked="" type="checkbox"/> BREATH TUBE <u>44.1°C</u> | <input checked="" type="checkbox"/> FILTER 3 |
| <input checked="" type="checkbox"/> PUMP | <input checked="" type="checkbox"/> INTERNAL STANDARD |

| | |
|--|---|
| BREATH ANALYZER ACCURACY STANDARDS | |
| <input checked="" type="checkbox"/> SIMULATOR STANDARD | <input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |

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

| | | |
|---|----------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> | SIMULATOR SN <u>SD1508</u> | SIMULATOR EXP DATE <u>02/11/2015</u> |
|---|----------------------------|--------------------------------------|

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|---|--|
| <input checked="" type="checkbox"/> 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. | |
| <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: 0.098 | TEST 2: 0.098 | TEST 3: 0.098 |
|---------------|---------------|---------------|

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|---|
| <input checked="" type="checkbox"/> PERFORM R.F.I. TEST |
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| | | | | | |
|--|-----------|------------|------------|------------|-------------|
| INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: | | | | | |
| REFUSALS: 0 | 0-.04: 41 | .05-.09: 1 | .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)

INSPECTING OFFICER

| | |
|-------------------------------|------------------------------------|
| SIGNATURE <i>A. Cramer</i> | PRINT FULL NAME ANDREW A CRAMER |
|-------------------------------|------------------------------------|

| | | |
|---------------------------------|-------------------------------|----------------------------------|
| TYPE II PERMIT NUMBER 230216 | EXPIRATION DATE 10/17/2015 | TELEPHONE NUMBER 816-781-7373 |
|---------------------------------|-------------------------------|----------------------------------|

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



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

2

**PERMIT
 TYPE II**

ANDREW A CRAMER

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 10/17/2013

NUMBER 230216

EXPIRES 10/17/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director
 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 CRAMER, ANDREW
 Permit No 230216
 Date Issued 10/17/2013 Date Expires 10/17/2015



Simulator Calibration Report

This is to certify that the Simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology in accordance to the standards set by Missouri Department of Health and Senior Services Rules and Regulations 19CSR 25-30

Checked: 2/11/2014 Expires: 02/11/2015
Digital Therm. SN:093752 Temp:33.99
MSC Tech:RW
Agency: Pleasantvalley Police Dept.
SD1508



Tested By: ROBERT W. WELSH

Date: 2/11/2014