



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

**RECEIVED**  
 By Carol Day at 8:32 am, Jun 16, 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 <b>500024</b>	NAME OF AGENCY <b>University of Central Missouri Department of Public Safety</b>	DATE OF INSPECTION <b>06/13/2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>306 Broad Street, Warrensburg, MO 64093</b>		TIME OF INSPECTION <b>12:41:31</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"/> DIAGNOSTIC RECORD	
DATE AND TIME <u>06/13/2014 12:41:33</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>43.6°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>DR2009</u>	SIMULATOR EXP DATE <u>06/11/2015</u>
---	----------------------------	--------------------------------------

<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: <b>0.100</b>	TEST 2: <b>0.100</b>	TEST 3: <b>0.100</b>
----------------------	----------------------	----------------------

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

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

REFUSALS: 0	0-.04: 0	.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)

The instrument is operating according to MODHSS standards. This is the first maintenance on the instrument at its new location. A calibration and standard change were conducted prior to maintenance.

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME <b>DARRELL W BRINKLEY</b>
---------------	--

TYPE II PERMIT NUMBER <b>240269</b>	EXPIRATION DATE <b>06/12/2016</b>	TELEPHONE NUMBER <b>660-543-4123</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



## 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 FNI22211-02 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**  
**DARRELL W BRINKLEY**

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**

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 6/12/2014

NUMBER 240269

EXPIRES 6/12/2016

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 BRINKLEY, DARRELL  
Permit No 240269  
Date Issued 6/12/2014 Date Expires 6/12/2016

STANDARD CHANGE

-----  
University of Central Missouri Department  
of Public Safety  
INTOX dmt: 500024  
-----

Date: 06/13/2014  
Time: 12:36:52

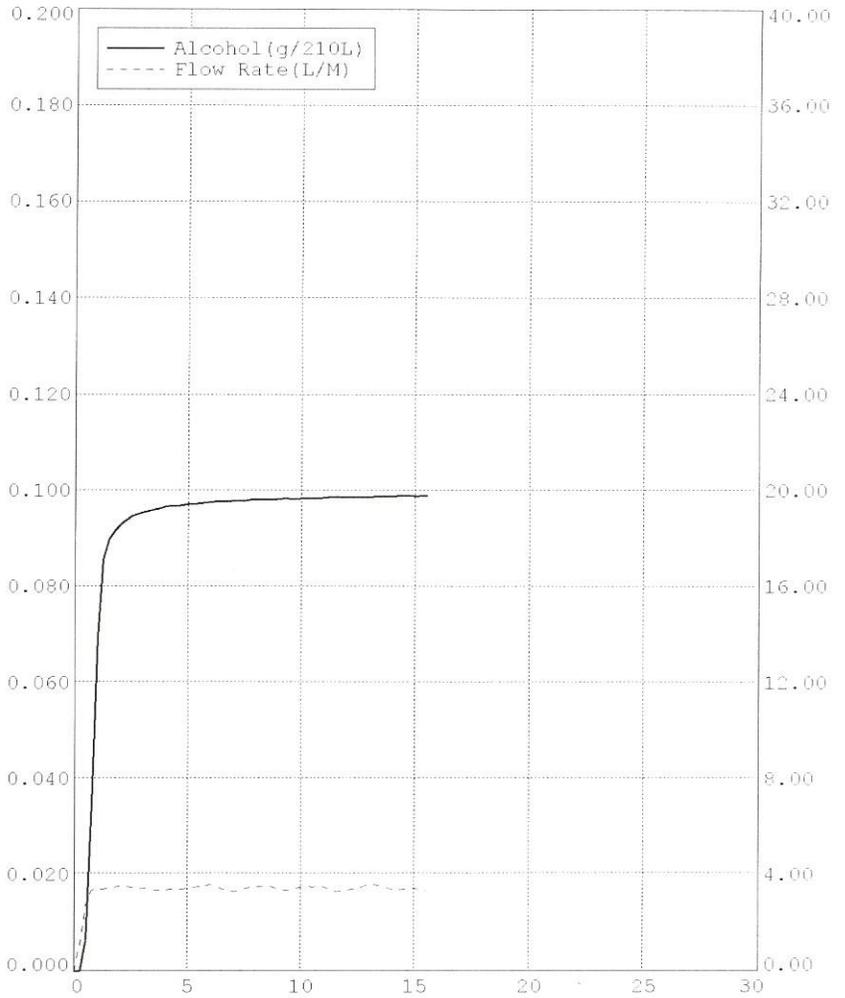
OPERATOR NAME:  
DARRELL W BRINKLEY  
PERMIT NUMBER: 240269  
EXPIRATION DATE: 06/12/2016

LOT #: 14030  
SUPPLIER: GUTH  
EXPIRATION: 01/20/2016  
SIMULATOR TYPE: WET BATH

STANDARD INFORMATION  
CONCENTRATION: 0.100

BLANK TEST	0.000	12:37
INTERNAL STANDARD	VERIFIED	12:37
EXTERNAL STANDARD 34.0°C	0.100	12:38
BLANK TEST	0.000	12:39

Average = 0.1000  
Std Dev = 0.0000  
Spread = 0.0000



*Darrell W Brinkley*

CALIBRATION FACTORS

-----  
University of Central Missouri Department  
of Public Safety  
INTOX dmt: 500024  
-----

Date: 06/13/2014  
Time: 12:27:40

OPERATOR NAME:  
DARRELL W BRINKLEY  
PERMIT NUMBER: 240269  
EXPIRATION DATE: 06/12/2016

LOT #: 14030  
SUPPLIER: GUTH  
EXPIRATION: 01/20/2016

Ca = 0.1000  
ADJ = 0.968990    0.800 <= ADJ < 1.200  
b1 = 0.0008        0.0000 <= b1 < 0.0040  
b2 = 0.0054        0.0010 <= b2 < 0.0100  
b3 = 0.0011        0.0000 <= b3 < 0.0040  
Xq = 0.1139        0.0500 <= Xq < 0.2500  
a21 = 1.158815    1.050 <= a21 < 1.300  
a31 = 0.404976    0.300 <= a31 < 0.800

