



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

**RECEIVED**  
By Brian Lutmer at 2:26 pm, Jan 27, 2015

**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 <b>500030</b>	NAME OF AGENCY <b>Marshall Police Department</b>	DATE OF INSPECTION <b>01/26/2015</b>
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LOCATION OF INSTRUMENT (STREET AND CITY) <b>461 W. Arrow St. Marshall, Mo 65340</b>	TIME OF INSPECTION <b>13:50:51</b>
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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>01/26/2015 13:50:53</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>40.1°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>14200</u>	EXP. DATE <u>08/05/2016</u>
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<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u>	SIMULATOR SN <u>SD2277</u>	SIMULATOR EXP DATE <u>11/05/2015</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: <u>0.097</u>	TEST 2: <u>0.098</u>	TEST 3: <u>0.098</u>
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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: 1	0-.04: <u>0</u>	.05-.09: <u>0</u>	.10-.14: <u>2</u>	.15-.19: <u>1</u>	OVER .19: <u>2</u>
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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)

N/A

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME <b>JOHN J CONEY</b>
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TYPE II PERMIT NUMBER <b>240196</b>	EXPIRATION DATE <b>04/30/2016</b>	TELEPHONE NUMBER <b>660-886-7411</b>
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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  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 107460	PRINTER SN 099.3586.711	DATE OF INSPECTION 01/26/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 461 W. Arrow, Marshall		TIME OF INSPECTION 2:13 pm

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

- DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

SIMULATOR SOLUTION                       COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Guth                      LOT # 14200                      EXP. DATE 08/05/2016

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0                      SIMULATOR SN SD2277                      SIMULATOR EXP DATE 11/05/2015

CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)  
 Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE  
 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE  
 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ➡ .099	TEST 2 ➡ .099	TEST 3 ➡ .098
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RFI DETECTOR OPERATING

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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).

N/A

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME John J. Coney
TYPE II PERMIT NUMBER/EXPIRATION DATE 240196/04-30-2016	TELEPHONE NUMBER (660) 886-7411

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
 2875 James Boulevard  
 Poplar Bluff, MO 63901

AS IV Serial no: 107460  
Version no: 532B

TEST RECORD 00209 s/

Temp Date Time 210L  
VOID: RPI  
12 01/26/15 14:22

Subject Name

Subject I.D.

Operator Name, I.D.  
John J. Conroy 240196  
Location

AS IV Serial no: 107460  
Version no: 532B

TEST RECORD 00206 s/

Temp Date Time 210L  
Air Blank:  
01/26/15 14:15 .000  
Calibration Check:  
23 01/26/15 14:15 .099

Subject Name

Subject I.D.

Operator Name, I.D.  
John J. Conroy 240196  
Location

AS IV Serial no: 107460  
Version no: 532B

TEST RECORD 00208 s/

Temp Date Time 210L  
Air Blank:  
01/26/15 14:20 .000  
Calibration Check:  
24 01/26/15 14:20 .098

Subject Name

Subject I.D.

Operator Name, I.D.  
John J. Conroy 240196  
Location

AS IV Serial no: 107460  
Version no: 532B

TEST RECORD 00205 s/

Temp Date Time 210L  
Air Blank:  
01/26/15 14:13 .000  
Calibration Check:  
22 01/26/15 14:13 .099

Subject Name

Subject I.D.

Operator Name, I.D.  
John J. Conroy 240196  
Location



**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 14200 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 6, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1213% (w/vol) ethyl alcohol. The expiration date for this lot number is August 5, 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.*



## Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations:  
19 CSR 25-30.051 (4).

Checked: 11/05/2014 Expires: 11/05/2015  
Digital Therm. SN:094948  
MSC Tech:DRL Temp:33.98  
Agency: Marshall Police Dept  
SD 2277



Technician Printed Name: DAW LUCAS

Technician Signature: *[Handwritten Signature]*

Date: 11/05/2014

Contact: Missouri Safety Center  
Breath-Alcohol Instrument Training Program  
660-543-4834



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

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**PERMIT**  
**TYPE II**  
**JOHN J CONEY**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH PRINTER, INTOX DMT**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of section 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 4/30/2014

NUMBER 240196

EXPIRES 4/30/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)



**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 **CONEY, JOHN**  
Permit No **240196**  
Date Issued **4/30/2014** Date Expires **4/30/2016**