



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

RECEIVED
 By Carol Day at 2:07 pm, Dec 24, 2015

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 500224	NAME OF AGENCY Johnson County Sheriff's Office	DATE OF INSPECTION 12/18/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 278 SW 871 rd Centerview, MO		TIME OF INSPECTION 06:19:28

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>12/18/2015 06:19:30</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>48.1°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 # 14220 EXP. DATE 09/24/2016

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2264 SIMULATOR EXP DATE 02/04/2016

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: 0.099 TEST 2: 0.100 TEST 3: 0.100

PERFORM R.F.I. TEST

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

REFUSALS: 0	0-.04: 2	.05-.09: 1	.10-.14: 2	.15-.19: 0	OVER .19: 1
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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)

This instrument is operating in accordance with MODHSS standards

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME ROBERT G WATKINS	
TYPE II PERMIT NUMBER 240286	EXPIRATION DATE 06/13/2016	TELEPHONE NUMBER 660-747-6469

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

STANDARD CHANGE

Johnson County Sheriff's Office
INTOX dmt: 500224

Date: 12/18/2015
Time: 06:14:48

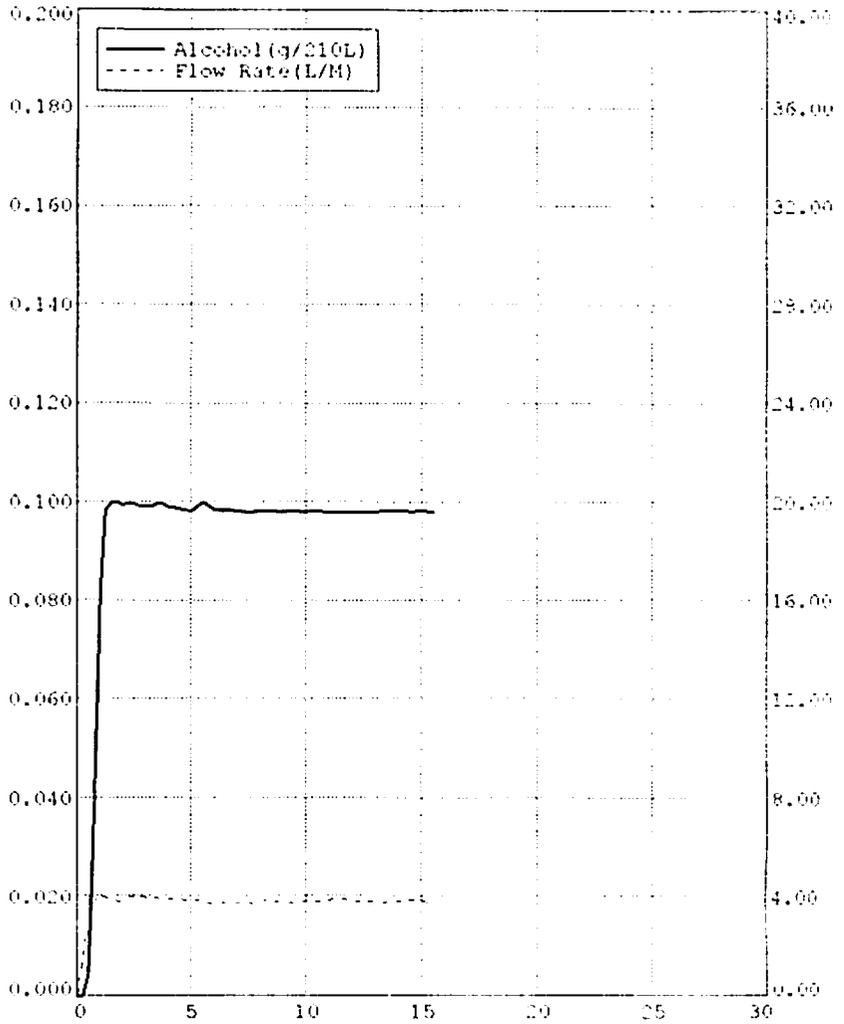
OPERATOR NAME:
ROBERT G WATKINS
PERMIT NUMBER: 240286
EXPIRATION DATE: 06/13/2016

LOT #: 14220
SUPPLIER: GUTH
EXPIRATION: 09/24/2016
SIMULATOR TYPE: WET BATH

STANDARD INFORMATION
CONCENTRATION: 0.100

BLANK TEST	0.000	06:15
INTERNAL STANDARD	VERIFIED	06:15
EXTERNAL STANDARD	0.097	06:16
BLANK TEST	0.000	06:17

Average = 0.0970
Std Dev = 0.0000
Spread = 0.0000



Robert Watkins 3017



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14220 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 25, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1209% (w/vol) ethyl alcohol. The expiration date for this lot number is September 24, 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 FN08051301 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

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**PERMIT
 TYPE II**

ROBERT G WATKINS

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 6/13/2014

NUMBER 240286

EXPIRES 6/13/2016

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 **WATKINS, ROBERT**
 Permit No **240286**
 Date Issued **6/13/2014** Date Expires **6/13/2016**