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

INTOX DMT MAINTENANCE REPORT

RECEIVED
By Carol Day at 10:31 am, Jun 12, 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	NAME OF AGENCY	DATE OF INSPECTION
500252	Cameron Police Department	05/31/2015

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
101 North Chestnut, Cameron, Missouri 64429	16:13:57

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 05/31/2015 16:13:59

☒ PROGRAM
☒ SAMPLE CHAMBER 48.8°C
☒ BREATH TUBE 47.2°C
☒ PUMP
☒ DETECTOR
☒ FILTER 1
☒ FILTER 2
☒ FILTER 3
☒ INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

☒ SIMULATOR STANDARD
☐ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER GUTH LOT # 13280 EXP. DATE 10/16/2015

☒ SIMULATOR TEMP (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2263 SIMULATOR EXP DATE 03/27/2016

☒ 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: 0.101	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: 1	.05-.09: 1	.10-.14: 1	.15-.19: 1	OVER .19: 1

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	PRINT FULL NAME
	SHANE T STEVENSON

TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER
250075	03/31/2017	816-632-2177

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

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services provided on a nondiscriminatory basis

GUTH LABORATORIES, INC.
820 NORTH 67th STREET • HARRISBURG, PA 17111-4541 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13280 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 18, 2013**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1217%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 16, 2015** 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.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

BLOOD ALCOHOL TEST REPORT - INTOX DMT

FORM #11

LOCATION OF INSTRUMENT	INSTRUMENT SERIAL NUMBER	DATE OF TEST	TIME OF TEST
101 North Chestnut, Cameron, Missouri 64429	500252	05/31/2015	16:24:32

SUBJECT NAME	DATE OF BIRTH
SHANE T STEVENSON	12/20/1973

SEX	SUBJECT DRIVER'S LICENSE NUMBER	STATE
M	T980647589	MO

ARRESTING OFFICER	ARRESTING OFFICER ID
SHANE T STEVENSON	110

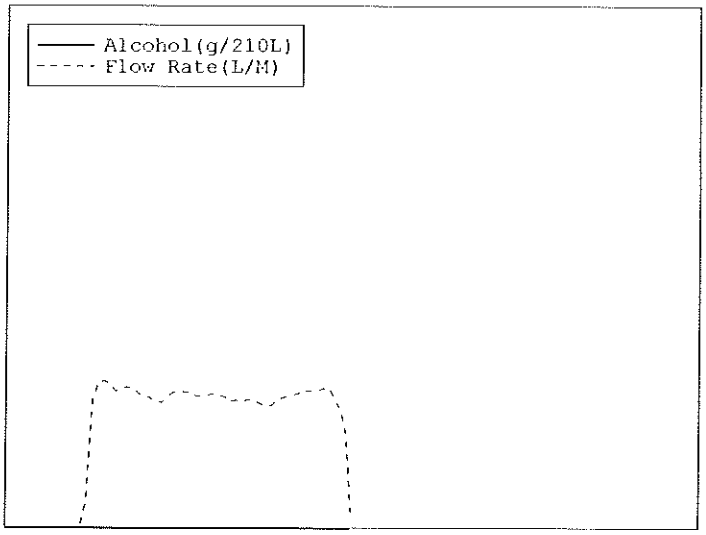
OPERATOR	OPERATOR PERMIT	PERMIT EXP DATE
SHANE T STEVENSON	250075	03/31/2017

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 SHANE T STEVENSON. 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	16:25
INTERNAL STANDARD	VERIFIED	16:25
SUBJECT SAMPLE (Vol=1.90L)	0.000	16:26
BLANK TEST	0.000	16:26



COMMENTS

CERTIFICATION BY OPERATOR

BAC: 0.000

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:

- ☒ 1. There was no deviation from the procedure approved by the department.
- ☒ 2. To the best of my knowledge the instrument was functioning properly.
- ☒ 3. I am authorized to operate the instrument.
- ☒ 4. No radio transmission occurred inside the room where and when this test was being conducted.

SIGNATURE OF OPERATOR	DATE
CPI8#110	05/31/2015
WITNESS (IF ANY)	DATE
	05/31/2015

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