



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
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 500001 | NAME OF AGENCY St. Louis County Police Department | DATE OF INSPECTION 06/20/2016 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 11815 Benham Rd., St. Louis, MO 63138 | | TIME OF INSPECTION 09:28:08 |

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>06/20/2016 09:28:10</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>46.5°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>16040</u> | EXP. DATE <u>01/20/2018</u> |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> | SIMULATOR SN <u>SD3135</u> | SIMULATOR EXP DATE <u>04/25/2017</u> |

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: 0.103 | TEST 2: 0.102 | TEST 3: 0.102 |
|----------------------|----------------------|----------------------|

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: 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)

Returned to service

INSPECTING OFFICER

| | | |
|--|---|---|
| SIGNATURE <i>Nikki D Brown</i> | PRINT FULL NAME NIKKI D BROWN | |
| TYPE II PERMIT NUMBER 260215 | EXPIRATION DATE 05/03/2018 | TELEPHONE NUMBER 314-889-8600 |

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 16040 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **January 22, 2016**, 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 **January 20, 2018** 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 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.



Missouri Department of Health and Senior Services
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466
 Peter Lyskowski
 Director



Jeremiah W. (Jay) Nixon
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: SD3135 Manufacturer: Guth
 Model Number: 10-4D
 Agency: ST LOUIS CO PD
 Agency Address: 7900 FORSYTH BLVD., CLAYTON, MO 63105

NIST THERMOMETER INFORMATION

Serial Number: 093752 Bias: 0.00
 Uncertainty: 0.02
 Date of Certification: 9/8/2015 Date of Expiration: 9/8/2016

ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

VERIFICATION RESULTS

| <u>Simulator Average</u> | <u>NIST Average</u> | <u>Combined Uncertainty</u> |
|--------------------------|---------------------|-----------------------------|
| 34.00 | 34.02 | 0.05 |

The combined uncertainty is calculated with a k=2 value.

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 4/25/2016
 Certification Expiration: 4/25/2017
 Simulator testing technician: R WELSH

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: ELLEN STRAWSINE
 Certification No: SD3135_4252016

X 

DHSS BAP Scientist Approving



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



PERMIT
TYPE II

NIKKI D BROWN

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 sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 5/3/2016

NUMBER 260215

EXPIRES 5/3/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES