


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

REPORT 44

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 500020	NAME OF AGENCY Peculiar Police Department	DATE OF INSPECTION 01/12/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 224 N. Main Peculiar, MO 64078		TIME OF INSPECTION 02:55:23
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>01/12/2016 02:55:25</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>45.1°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>15220</u>	EXP. DATE <u>09/28/2017</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u>	SIMULATOR SN <u>093752</u>	SIMULATOR EXP DATE <u>05/09/2016</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: 0.099	TEST 2: 0.099	TEST 3: 0.100
<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: 4	0-.04: 1	.05-.09: 1
	.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)		
INSTRUMENT OPERATING NORMALLY		
INSPECTING OFFICER		
SIGNATURE <i>James K Kirkpatrick</i>	PRINT FULL NAME JAMES K KIRKPATRICK	
TYPE II PERMIT NUMBER 250232	EXPIRATION DATE 10/30/2017	TELEPHONE NUMBER 816-779-5102
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: 717-584-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 15220 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 30, 2015, using a Perkin Elmer Gas Chromatograph Autosystem XI. S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is September 28, 2017 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



PERMIT
TYPE II

JAMES K KIRKPATRICK

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 10/30/2015

NUMBER 250232

EXPIRES 10/30/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 550-0771 (6-10)

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 KIRKPATRICK, JAMES
Permit No 250232
Date Issued 10/30/2015 Date Expires 10/30/2017