



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

RECEIVED
 By Ellen Strawsine at 2:28 pm, Jan 22, 2016

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 500263 | NAME OF AGENCY Troy Police Department | DATE OF INSPECTION 01/21/2016 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 800 Cap-A-Gris, Troy | | TIME OF INSPECTION 15:58:41 |

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>01/21/2016 15:58:42</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>46.7°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>15120</u> EXP. DATE <u>04/29/2017</u> |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> | SIMULATOR SN <u>SD2505</u> SIMULATOR EXP DATE <u>02/09/2016</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.

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: 0.100 | TEST 2: 0.101 | TEST 3: 0.101 |
|---------------|---------------|---------------|

PERFORM R.F.I. TEST

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

| | | | | | |
|-------------|-----------|------------|------------|------------|-------------|
| REFUSALS: 0 | 0-.04: 13 | .05-.09: 0 | .10-.14: 0 | .15-.19: 0 | 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)

Standard change performed at 1553 hours, on 01-21-2016.

INSPECTING OFFICER

| | | |
|---------------------------------|-----------------------------------|----------------------------------|
| SIGNATURE | PRINT FULL NAME BERNIE CLAYTON | |
| TYPE II PERMIT NUMBER 250107 | EXPIRATION DATE 05/14/2017 | TELEPHONE NUMBER 636-528-4725 |

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
BLOOD ALCOHOL TEST REPORT - INTOX DMT

FORM #11

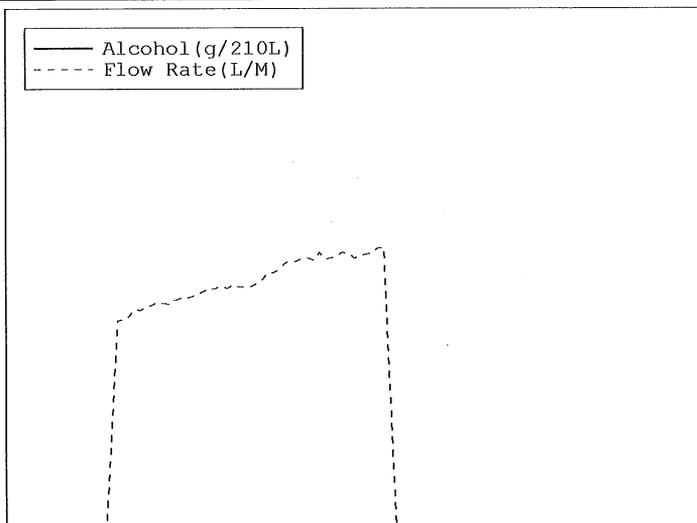
| | | | | |
|--|---|------------------------------------|-------------------------------|--------------------------|
| LOCATION OF INSTRUMENT 800 Cap-A-Gris, Troy | | INSTRUMENT SERIAL NUMBER 500263 | DATE OF TEST 01/21/2016 | TIME OF TEST 16:09:55 |
| SUBJECT NAME TEST TEST | | | DATE OF BIRTH 01/01/0001 | |
| SEX M | SUBJECT DRIVER'S LICENSE NUMBER 0123456789 | | STATE MO | |
| ARRESTING OFFICER BERNIE CLAYTON | | ARRESTING OFFICER ID 131 | | |
| OPERATOR BERNIE CLAYTON | | OPERATOR PERMIT 250107 | PERMIT EXP DATE 05/14/2017 | |

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 BERNIE CLAYTON. 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 | 16:10 |
| INTERNAL STANDARD | VERIFIED | 16:11 |
| SUBJECT SAMPLE (Vol=3.82L) | 0.000 | 16:11 |
| BLANK TEST | 0.000 | 16:12 |



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 <i>B. Clayton</i> | DATE 01/21/2016 |
| WITNESS (IF ANY) | DATE 01/21/2016 |

STANDARD CHANGE

Troy Police Department
INTOX dmt: 500263

Date: 01/21/2016
Time: 15:53:50

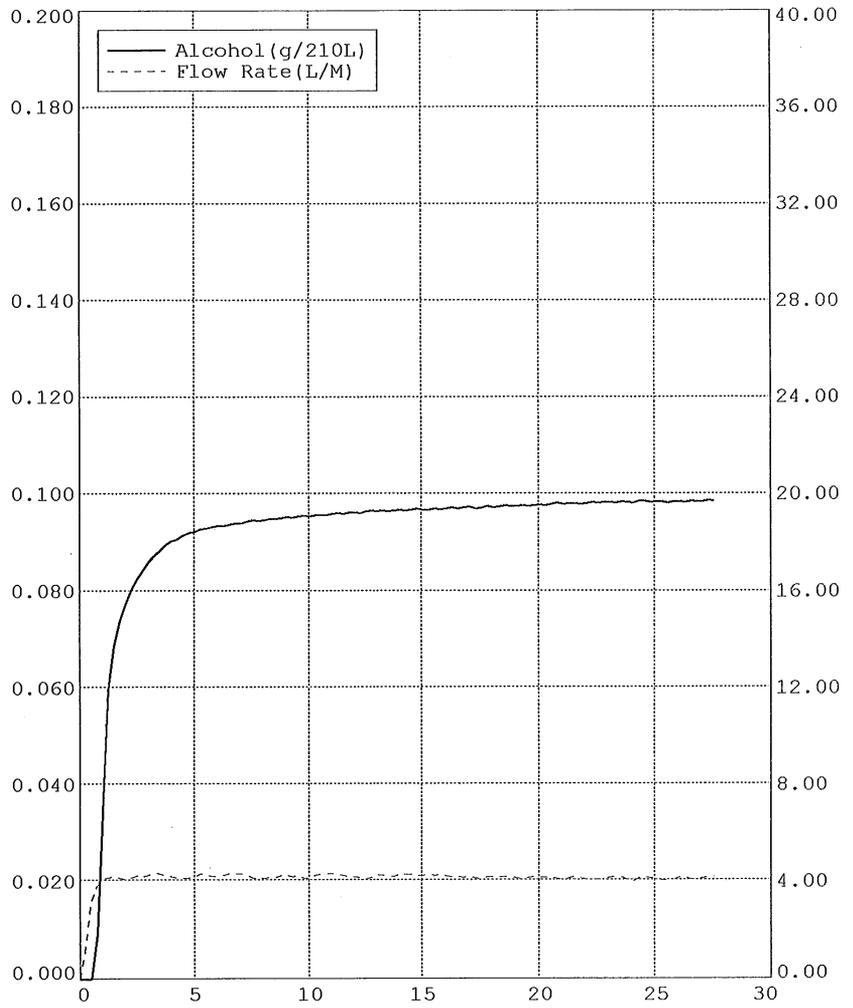
OPERATOR NAME:
BERNIE CLAYTON
PERMIT NUMBER: 250107
EXPIRATION DATE: 05/14/2017

LOT #: 15120
SUPPLIER: GUTH
EXPIRATION: 04/29/2017
SIMULATOR TYPE: WET BATH

STANDARD INFORMATION
CONCENTRATION: 0.100

| | | |
|-------------------|----------|-------|
| BLANK TEST | 0.000 | 15:54 |
| INTERNAL STANDARD | VERIFIED | 15:54 |
| EXTERNAL STANDARD | 0.100 | 15:55 |
| BLANK TEST | 0.000 | 15:56 |

Average = 0.1000
Std Dev = 0.0000
Spread = 0.0000



B Clayton



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 **15120** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **May 4, 2015**, 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 **April 29, 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.



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: 02/09/2015 Expires: 02/09/2016
MSC Tech: DRL
Temp: 33.99 Digital Therm. SN 093767
Agency: Troy Police Dept
SD 2505



Technician Printed Name: DAN LUCAS

Technician Signature: [Handwritten Signature]

Date: 2/9/2015

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
BERNIE CLAYTON

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

DATAMASTER, 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 5/14/2015

NUMBER 250107

EXPIRES 5/14/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (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 CLAYTON, BERNIE
 Permit No 250107
 Date Issued 5/14/2015 Date Expires 5/14/2017