



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

RECEIVED
 By Carol Day at 8:23 am, Apr 05, 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 500284	NAME OF AGENCY Kirkville Police Department	DATE OF INSPECTION 03/21/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 119 E McPherson, Kirkville, MO 63501		TIME OF INSPECTION 17:03:05

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>03/21/2016 17:03:08</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>46.6°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 GUTHLABS LOT # 15120 EXP. DATE 04/29/2017

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2271 SIMULATOR EXP DATE 12/02/2016

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: 0.102 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: 21 .05-.09: 0 .10-.14: 1 .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)

INSPECTING OFFICER

SIGNATURE  PRINT FULL NAME **JUAN B CHAIREZ**

TYPE II PERMIT NUMBER 250152 EXPIRATION DATE 07/22/2017 TELEPHONE NUMBER 660-785-6945

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



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

2

PERMIT
TYPE II
JUAN B CHAIREZ

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 7/22/2015

NUMBER 250152

EXPIRES 7/22/2017


 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (5-10)

LAB-4 (RS 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 CHAIREZ, JUAN
 Permit No 250152
 Date Issued 7/22/2015 Date Expires 7/22/2017



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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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.



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INTOX DMT SN 500284	NAME OF AGENCY Kirksville Police Department	DATE OF INSPECTION 04/02/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 119 E McPherson, Kirksville, MO 63501		TIME OF INSPECTION 13:13:54

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>04/02/2016 13:13:56</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>42.3°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 GUTHLABS LOT # 15120 EXP. DATE 04/29/2017

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2271 SIMULATOR EXP DATE 12/02/2016

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TEST 1: 0.103 TEST 2: 0.103 TEST 3: 0.103

PERFORM R.F.I. TEST

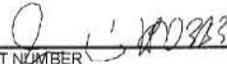
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Calibration conducted due to internal standard error.

INSPECTING OFFICER

SIGNATURE  PRINT FULL NAME
JUAN B CHAIREZ

TYPE II PERMIT NUMBER 250152 EXPIRATION DATE 07/22/2017 TELEPHONE NUMBER 660-785-6945

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STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
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DATE 7/22/2015

NUMBER 250152

EXPIRES 7/22/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO-NR-0771 (9-10)

LAB-1185-10



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
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CALIBRATION FACTORS

Kirksville Police Department
INTOX dmt: 500284

Date: 04/02/2016
Time: 13:04:11

OPERATOR NAME:
JUAN B CHAIREZ
PERMIT NUMBER: 250152
EXPIRATION DATE: 07/22/2017

LOT #: 15120
SUPPLIER: GUTHLABS
EXPIRATION: 04/29/2017

Ca = 0.1000
ADJ = 1.001873 0.800 <= ADJ < 1.200
b1 = 0.0005 0.0000 <= b1 < 0.0040
b2 = 0.0028 0.0010 <= b2 < 0.0100
b3 = 0.0000 0.0000 <= b3 < 0.0040
Xq = 0.0987 0.0500 <= Xq < 0.2500
a21 = 1.153219 1.050 <= a21 < 1.300
a31 = 0.489168 0.300 <= a31 < 0.800

 KPD 383