

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 monthl Complete this report whenever the instrument is servi Retain the original and send a copy within 15 days to	iced or repaired and when	ever it is placed into se			
INTOX DMT SN NAME OF AGENCY THAYER POLIC				DATE OF INSPECTION 04/24/2021	
LOCATION OF INSTRUMENT (STREET AND CITY) 102 Front Street, Thayer, MO 65791			NE OF INSPECTION 02:04:19		
CHECKLIST: Place a mark in the box by each item i values where determined). Unmarked items must be	f found to be satisfactory of corrected before using ins	r is operating within e trument.	stablished limits. (W	/rite in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME <u>04/24/2021 02:04:22</u> ☑ DETECTOR					
☑ PROGRAM ☑ FILTER 1					
☑ SAMPLE CHAMBER 48.7°C ☑ FILTER 2					
☑ BREATH TUBE 48.0°C ☑ FILTER 3					
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDARDS					
☑ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE					
☑ STANDARD SUPPLIER GUTH	LOT# <u>2019</u>	)	EXP. DATE <u>04</u>	/06/2022	
SIMULATOR TEMP (34°C ± 0.2°C) 34.0	SIM. SN MP2	943 SIM.	NIST EXP DATE_	09/22/2021	
<ul> <li>         \[             \begin{align*}             CALIBRATION CHECK - (ONLY ONE STAND Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to the control of .005 or less. Mark the box corresponding to the control of .010% STANDARD - MUST READ BET         \[             \]             \[</li></ul>	he standard being used. WEEN 0.095% AND 0.10 WEEN 0.076% AND 0.08	5% INCLUSIVE 4% INCLUSIVE	ust nave a spread		
TEST 1: 0.099 TES	ST 1: 0.099 TEST 2: 0.099		TEST 3: 0.099		
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS: 0 004: 0 .05	09: 0 .10	14: 0 .1	5-,19: <b>0</b>	OVER .19: 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICA' ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	TION THAT WAS MADE TO RESTOR	ETHE INSTRUMENT TO OPER	RATE SATISFACTORILY ANI	D WITHIN	
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NÜMBER 1 200100		FULL NAME VIN BETTIS TELEPHONE NUMBER 417-264-3819			
	th Alcohol Program, Misso ail, fax, or email	uri Department of Hea	alth and Senior Serv	vices	



### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 20190 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on April 8, 2020, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1206% (w/vol) ethyl alcohol. The expiration date for this lot number is April 6, 2022 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 FN02271802 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

# KEVIN BETTIS

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 \_\_2/19/2020 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 200100 EXPIRES 2/19/2022

MO 580-0771 (6-10)

LAB-4 (R6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES