

By Tracy Crews at 3:04 pm, Mar 16, 2022



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 month Complete this report whenever the instrument is sen Retain the original and send a copy within 15 days to	viced or repaired and w	henever it is pl	aced into service.		
NAME OF AGENCY 500250 THAYER POLICE DEPT.			DATE OF INSPECTION 03/16/2022		
LOCATION OF INSTRUMENT (STREET AND CITY) 102 Front Street, Thayer, MO 65791		TIME OF INSPECTION 05:17:16			
CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be	if found to be satisfactors corrected before using	ory or is operat g instrument.	ing within established limits.	(Write in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME 03/16/2022 05:17:18					
☑ PROGRAM ☑ FILTI			R 1		
☑ SAMPLE CHAMBER 48.8°C					
☑ BREATH TUBE 48.1°C ☑ FILTER 3					
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDARDS	3				
☑ SIMULATOR STANDARD □		COMPRESSED ETHANOL-GAS MIXTURE			
☑ STANDARD SUPPLIER GUTH	LOT# <u>201</u> 9		EXP. DATE	EXP. DATE <u>04/06/2022</u>	
SIMULATOR TEMP (34°C ± 0.2°C) 34.0	SIM. SN_I	MP2943	SIM. NIST EXP DATI	E 10/26/2022	
☐ CALIBRATION CHECK - (ONLY ONE STANI Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to	the standard being use TWEEN 0.095% AND TWEEN 0.076% AND	d. 0.105% INCLU 0.084% INCLU	JSIVE JSIVE	d	
TEST 1: 0.100	TEST 2: 0.100		TEST 3: 0.100		
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS I	IN THE FOLLOWING	RANGES SIN	ICE THE LAST MAINTEN	ANCE REPORT:	
REFUSALS: 0 004: 15 .0:	509: 0	1014: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ATION THAT WAS MADE TO RE	STORE THE INSTRU	MENT TO OPERATE SATISFACTORILY	AND WITHIN	
INSPECTING OFFICER					
SIGNATURE // D //		PRINT FULL NAME KEVIN BETTIS			
TYPE II PERMIT NUMBER - 220051	EXPIRATION DATE 02/19/2024	TELEPH	TELEPHONE NUMBER 417-264-3819		
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email					



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.

DATE2/19/2022	Facina & Day
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 220051	
EXPIRES 2/19/2024	acting director DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)