



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
 BREATH ALCOHOL PROGRAM  
**INTOX EC/IR II MAINTENANCE REPORT**

REPORT #3

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 EC/IR II SN 12812	NAME OF AGENCY DESOTO P.D.	DATE OF INSPECTION 05/22/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 17 BOYD DESOTO	TIME OF INSPECTION 22:09 CDT
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**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"/> <b>DIAGNOSTIC RECORD</b>	
<input checked="" type="checkbox"/> BLANK CHECK	<input checked="" type="checkbox"/> CO2 CHECK
<input checked="" type="checkbox"/> FC 1 TEMP	<input checked="" type="checkbox"/> FLOW CHECK
<input checked="" type="checkbox"/> SRC TEMP	<input checked="" type="checkbox"/> FCB CHECK
<input checked="" type="checkbox"/> DET TEMP	<input checked="" type="checkbox"/> CRC COMP CHECK
<input checked="" type="checkbox"/> BT TEMP	<input checked="" type="checkbox"/> CRC CAL CHECK
<input checked="" type="checkbox"/> STD 2 TEMP	<input checked="" type="checkbox"/> PRINT TEST
<input checked="" type="checkbox"/> ETH CHECK	

<b>BREATH ANALYZER ACCURACY STANDARDS</b>	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE

<input checked="" type="checkbox"/> STANDARD SUPPLIER	Guth Laboratories	LOT# 22430	EXP. DATE 11/30/2024
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<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C) 34C +/- .2C	SIM. SN MP4951	SIM. NIST EXP DATE 01/26/2024
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<input checked="" type="checkbox"/> <b>CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b>	
Run three tests using a standard solution. 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 solution 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 0.100 g/210L	TEST 2 0.101 g/210L	TEST 3 0.102 g/210L
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<b>INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:</b>						
REFUSALS 0	0-.04 0	.05-.09 0	.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).

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>Sgt. Dan Danback 615</i>	PRINT FULL NAME Danback, Joshua
TYPE II PERMIT NUMBER 220290	TELEPHONE NUMBER ( 636 ) 586-8891
EXPIRATION DATE 12/27/2024	

**RETURN COMPLETED REPORT TO THE:**  
 Breath Alcohol Program, Missouri Department of Health and Senior Services,  
 by mail, fax, or e-mail



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

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**PERMIT  
 TYPE II**

**JOSHUA DANBACK**

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 EC/IR II**

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 12/27/2022

NUMBER 220290

EXPIRES 12/27/2024

*Mike Massman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nielson*

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 overinhalant breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*

Operator DANBACK, JOSHUA  
 Permit No 220290  
 Date Issued 12/27/2022 Date Expires 12/27/2024





**GUTH LABORATORIES, INC.**

690 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 **22430** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **December 1, 2022**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1216%** (w/vol) ethyl alcohol. The expiration date for this lot number is **November 30, 2024** 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 FN03052002 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.*