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By Tracy Crews at 7:30 am, Jun 13, 2023



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 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 500149	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 06/08/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 2920 N. Shamrock Rd, Jefferson City		TIME OF INSPECTION 09:10:58

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"/> DIAGNOSTIC RECORD	
DATE AND TIME <u>06/08/2023 09:11:01</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.9°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>43.5°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

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

<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG234103</u>	EXP. DATE <u>12/07/2024</u>
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<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____	SIM. SN _____	SIM. NIST EXP DATE _____
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<input checked="" type="checkbox"/> 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.	
<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: 0.096	TEST 2: 0.096	TEST 3: 0.096
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST

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

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

Digital Pots mod performed and Instrument calibrated. Touchscreen position adjusted and time synchronized +3 min.
STANDARD CHANGE PERFORMED

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME JIMMY L CLEVELAND
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TYPE II PERMIT NUMBER 230082	EXPIRATION DATE 05/03/2025	TELEPHONE NUMBER 573-751-4722
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RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email

CALIBRATION FACTORS

Missouri State Highway Patrol
INTOX dmt: 500149

Date: 06/06/2023
Time: 10:49:35

OPERATOR NAME:
JIMMY L CLEVELAND
PERMIT NUMBER: 230082
EXPIRATION DATE: 05/03/2025
MISC:
GUTH 12V500 SER MP2133

LOT #: 22430
SUPPLIER: GUTH
EXPIRATION: 11/30/2024

Ca = 0.1000
ADJ = 0.971485 0.800 <= ADJ < 1.200
b1 = 0.0001 0.0000 <= b1 < 0.0040
b2 = 0.0024 0.0010 <= b2 < 0.0100
b3 = 0.0001 0.0000 <= b3 < 0.0040
Xq = 0.0966 0.0500 <= Xq < 0.2500
a21 = 1.100211 1.050 <= a21 < 1.300
a31 = 0.545507 0.300 <= a31 < 0.800

A handwritten signature in black ink, appearing to be 'JAS/10', is located at the bottom left of the page.

STANDARD CHANGE

Missouri State Highway Patrol
INTOX dmt: 500149

Date: 06/07/2023
Time: 13:38:35

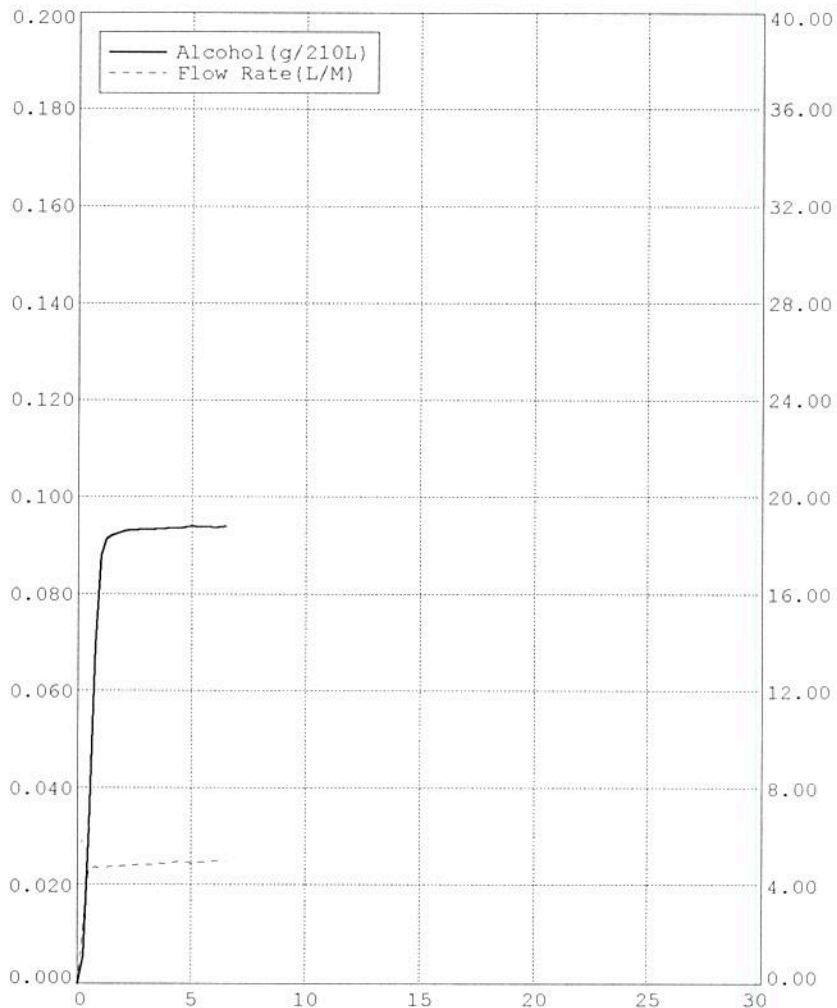
OPERATOR NAME:
JIMMY L CLEVELAND
PERMIT NUMBER: 230082
EXPIRATION DATE: 05/03/2025

LOT #: AG234103
SUPPLIER: INTOXIMETERS
EXPIRATION: 12/07/2024
SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION
CONCENTRATION: 0.100
TARGET: 0.097

BLANK TEST	0.000	13:39
INTERNAL STANDARD	VERIFIED	13:39
EXTERNAL STANDARD	0.094	13:39
BLANK TEST	0.000	13:40

Average = 0.0940
Std Dev = 0.0000
Spread = 0.0000



Handwritten signature



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 **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.



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

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PERMIT
TYPE II
JIMMY L. CLEVELAND

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

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of section 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 5/3/2023

NUMBER 230082

EXPIRES 5/3/2025

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave J. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R5)



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 CLEVELAND, JIMMY
Permit No 230082
Date Issued 5/3/2023 **Date Expires** 5/3/2025

