By Tracy Crews at 8:40 am, Sep 05, 2023



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

## INTOX DMT MAINTENANCE REPORT

REPORT #1

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THE THE PART OF TH	102 1121 0111			
Complete this report at the time of the regular of Complete this report whenever the instrument Retain the original and send a copy within 15 c	is serviced or repaired a	nd whenever it is pla	- ·	
NAME OF AGENCY 500250 THAYER POLICE DEPT.			DATE OF INSPECTION 09/03/2023	
LOCATION OF INSTRUMENT (STREET AND CITY) 102 Front Street, Thayer, MO 65791			TIME OF INSPECTION 21:10:56	
CHECKLIST: Place a mark in the box by each values where determined). Unmarked items m	item if found to be satis ust be corrected before	sfactory or is operatiruusing instrument.	ng within established limits.	(Write in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME 09/03/2023 21:10:59 🖾 DETECTOR				
☑ PROGRAM ☑ FILTER 1				
☑ SAMPLE CHAMBER_48.7°C				
☑ BREATH TUBE_48.1°C	_	☑ FILTER 3		10
⊠ PUMP ⊠ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDA	ARDS		B 11-100	
SIMULATOR STANDARD   COMPRESSED ETHA			ED ETHANOL-GAS MIXTU	RE
☑ STANDARD SUPPLIER GUTH	LOT i	# <u>22430</u>	EXP. DATE	<u>11/30/2024</u>
SIMULATOR TEMP (34°C ± 0.2°C) 34.0	SIM. S	N MP2943	SIM. NIST EXP DAT	E_05/03/2024
☐ CALIBRATION CHECK - (ONLY ONE S Run three tests using a standard, All three of .005 or less. Mark the box correspondin ☐ 0.10% STANDARD - MUST REA     ☐ 0.08% STANDARD - MUST REA	ng to the standard being D BETWEEN 0.095% A D BETWEEN 0.076% A	j used. ND 0.105% INCLU ND 0.084% INCLU	SIVE SIVE	
TEST 1: 0.102	TEST 2: 0.102		TEST 3: 0.102	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TE	STS IN THE FOLLOW	ING RANGES SIN	CE THE LAST MAINTEN	ANCE REPORT:
REFUSALS; 0 004: 0	.0509: 0	.1014: 0	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR N ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ODIFICATION THAT WAS MADE	TO RESTORE THE INSTRUM	MENT TO OPERATE SATISFACTORILY	AND WITHIN
Monthly Maintenance Test				
INSPECTING OFFICER				
SIGNATURE		PRINT FULL NAME KEITH M PR	ICE	
TYPE II PERMIT NUMBER 220283	EXPIRATION DATE 12/21/2024	I TELEPHO	DIE NUMBER 264-3819	
RETURN COMPLETED REPORT TO THE			nent of Health and Senior S	Services
MO 580-2898 (5-19)	AN EQUAL OPPORTUNIT	Y/AFFIRMATIVE ACTION EM on a gondiscriminatory basis		LAB-16



## 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°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 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



## PERMIT TYPE || KEITH PRICE

and operate the following breath analyzer(s):	NTOX DMT
for the determination of the alcoholic content of blood 577.020 through 577.041, RSMo and 306.111 throu	d from a sample of expired air. Permit issued under the provisions of sections gh 306.119 RSMo.  M. J. Magora-
DATE 12/21/2022	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 220283	Daves J. Nichelson
EXPIRES 12/21/2024	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB-4 (R6-10)