



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

**RECEIVED**

By Tracy Crews at 1:49 pm, May 22, 2023

**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<br><b>500257</b>   | NAME OF AGENCY<br><b>St. James Police Dept</b> | DATE OF INSPECTION<br><b>05/22/2023</b> |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><b>200 N. Bourbeuse Street, St. James, MO 65559</b> |  | TIME OF INSPECTION<br><b>08:04:37</b>   |

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>            |  |
| DATE AND TIME <u>05/22/2023 08:04:40</u>                                | <input checked="" type="checkbox"/> <b>DETECTOR</b>          |
| <input checked="" type="checkbox"/> <b>PROGRAM</b>                      | <input checked="" type="checkbox"/> <b>FILTER 1</b>          |
| <input checked="" type="checkbox"/> <b>SAMPLE CHAMBER <u>48.8°C</u></b> | <input checked="" type="checkbox"/> <b>FILTER 2</b>          |
| <input checked="" type="checkbox"/> <b>BREATH TUBE <u>45.4°C</u></b>    | <input checked="" type="checkbox"/> <b>FILTER 3</b>          |
| <input checked="" type="checkbox"/> <b>PUMP</b>                         | <input checked="" type="checkbox"/> <b>INTERNAL STANDARD</b> |

|  |   |
|--|---|
| <b>BREATH ANALYZER ACCURACY STANDARDS</b>  |   |
| <input checked="" type="checkbox"/> <b>SIMULATOR STANDARD</b>                        | <input type="checkbox"/> <b>COMPRESSED ETHANOL-GAS MIXTURE</b>    |
| <input checked="" type="checkbox"/> <b>STANDARD SUPPLIER <u>GUTH</u></b>             | <b>LOT # <u>22310</u> EXP. DATE <u>08/11/2024</u></b>             |
| <input checked="" type="checkbox"/> <b>SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u></b> | <b>SIM. SN <u>MP2927</u> SIM. NIST EXP DATE <u>09/30/2023</u></b> |

|  |
|--|
| <input checked="" type="checkbox"/> <b>CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b><br>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"/> <b>0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</b>  |
| <input type="checkbox"/> <b>0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</b>   |
| <input type="checkbox"/> <b>0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</b>   |

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <b>TEST 1: 0.097</b> | <b>TEST 2: 0.096</b> | <b>TEST 3: 0.097</b> |
|----------------------|----------------------|----------------------|

**PERFORM R.F.I. TEST**

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

|                    |                 |                   |                   |                   |                    |
|--------------------|-----------------|-------------------|-------------------|-------------------|--------------------|
| <b>REFUSALS: 0</b> | <b>0-.04: 0</b> | <b>.05-.09: 1</b> | <b>.10-.14: 0</b> | <b>.15-.19: 1</b> | <b>OVER .19: 1</b> |
|--------------------|-----------------|-------------------|-------------------|-------------------|--------------------|

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)

THIS INSTRUMENT CONFORMS TO DHSS STANDARDS

|  |  |   |
|--|--|---|
| <b>INSPECTING OFFICER</b>              |  |   |
| SIGNATURE<br>                          | PRINT FULL NAME<br><b>CHRIS W PIGG</b> |   |
| TYPE II PERMIT NUMBER<br><b>220090</b> | EXPIRATION DATE<br><b>03/16/2024</b>   | TELEPHONE NUMBER<br><b>573-265-7012</b> |

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



## 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 **22310** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **August 16, 2022**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1205%** (w/vol) ethyl alcohol. The expiration date for this lot number is **August 11, 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**  
**CHRISTOPHER PIGG**

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 **3/16/2022**

NUMBER **220090**

EXPIRES **3/16/2024**

MO 580-0771 (6-10)

*[Signature]*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature: Paula J. Nielsen]*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB 3 (06-10)



Paula Nickelson  
 Acting Director

Michael L. Parson  
 Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

**Simulator Serial Number:** MP2927      **Manufacturer:** Guth  
**Model Number:** 12V500  
**Agency:** ST JAMES PD  
**Agency Address:** 200 N BOURBEUSE ST, ST JAMES, MO 65559

## NIST THERMOMETER INFORMATION

**Serial Number:** 17KMM00690      **Bias:** 0.01  
**Uncertainty:** 0.02  
**Date of Certification:** 11/10/2021      **Date of Expiration:** 11/10/2022

## ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

## VERIFICATION RESULTS

| <u>Simulator Average</u> | <u>NIST Average</u> | <u>Combined Uncertainty</u> |
|--------------------------|---------------------|-----------------------------|
| 34.02                    | 34.03               | .03                         |

The combined uncertainty is calculated with a k=2 value.

## ADJUSTMENT RESULTS

No adjustment was needed.

**Date of testing:** 9/30/2022  
**Certification Expiration:** 9/30/2023  
**Simulator testing technician:** M. BOND

**Notes on Condition:** none

**Deviation(s) from method:** none

**DHSS BAP Scientist Approving:** B. LUTMER  
**Certification No:** MP2927\_9302022

**X** *Brian Lutmer*

DHSS BAP Scientist Approving