

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

INTOX DMT MAINTENANCE REPORT

**RECEIVED** By Tracy Crews at 1:38 pm, Aug 22, 2023

**REPORT #1** 

| 500257<br>OCATION OF INSTRUMENT (STREET AND C                                 |  |   |   | DATE OF INSP                | ECHON                |                   |
|---|--|---|---|-----------------------------|----------------------|-------------------|
| 200 N. Bourbeuse Street, St<br>CHECKLIST: Place a mark in th                  | 500257 St. James Police Dept   |   |   | 08/22/2                     | 023                  |                   |
| CHECKLIST: Place a mark in th<br>alues where determined). Unma                | 200 N. Bourbeuse Street, St. James, MO 65559   |   |   | TIME OF INSP<br>08:41:5     |                      |                   |
|   | e box by each iter<br>arked items must h   | m if found to be satisfa                                    | ictory or is operating instrument.              | ating within establishe     | ed limits. (V        | Vrite in observed |
| DIAGNOSTIC RECORD   |  |   | N   |                             |                      |                   |
| DATE AND TIME 08/22/2   | 023 08:42:02   |   |   | २                           |                      |                   |
| PROGRAM   |  |   | FILTER 1  |                             |                      |                   |
| SAMPLE CHAMBER 4  | 8.7°C  |   | FILTER 2  |                             |                      |                   |
| BREATH TUBE 47.0°C  | 2  |   | FILTER 3  |                             |                      |                   |
|   |  | 35a   |   | STANDARD                    |                      |                   |
| BREATH ANALYZER ACCUR   | ACY STANDARD   | )S  |   |                             | 1.<br>               |                   |
| SIMULATOR STANDAR   | <d< td=""><td></td><td></td><td>SED ETHANOL-GAS</td><td>S MIXTUR</td><td>E</td></d<> |   |   | SED ETHANOL-GAS             | S MIXTUR             | E                 |
| STANDARD SUPPLIER GL  | STANDARD SUPPLIER GUTH   |   | LOT # 22310                                     |                             | EXP. DATE 08/11/2024 |                   |
| SIMULATOR TEMP (34°C ±  | 0.2°C) 34.0  | SIM. SN   | MP2927  | SIM. NIST E                 | XP DATE              | 09/30/2023        |
| 0.08% STANDARD  | - MUST READ BE   |   | D 0.084% INCL                                   | USIVE                       |                      |                   |
| 0.08% STANDARD  | - MUST READ BE   | ETWEEN 0.076% AN<br>ETWEEN 0.038% AN                        | D 0.105% INCL<br>D 0.084% INCL                  | USIVE<br>USIVE              | 098                  |                   |
| 0.08% STANDARD 0.04% STANDARD 0.04% STANDARD TEST 1: 0.099                    | - MUST READ BE   | ETWEEN 0.076% AN  | D 0.105% INCL<br>D 0.084% INCL                  | USIVE                       | .098                 |                   |
| 0.08% STANDARD 0.04% STANDARD 0.04% STANDARD EST 1: 0.099 PERFORM R.F.I. TEST | - MUST READ BE<br>- MUST READ BE   | ETWEEN 0.076% AN<br>ETWEEN 0.038% AN<br>EST 2: <b>0.098</b> | D 0.105% INCL<br>D 0.084% INCL<br>D 0.042% INCL | USIVE<br>USIVE<br>TEST 3: 0 |                      |                   |
| 0.08% STANDARD 0.04% STANDARD 0.04% STANDARD TEST 1: 0.099                    | - MUST READ BE<br>- MUST READ BE<br>T<br>BREATH TESTS                                | ETWEEN 0.076% AN<br>ETWEEN 0.038% AN<br>EST 2: <b>0.098</b> | D 0.105% INCL<br>D 0.084% INCL<br>D 0.042% INCL | USIVE<br>USIVE<br>TEST 3: 0 |                      | ICE REPORT:       |



Missouri Department of Health and Senior Services P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466



Michael L. Parson

Governor

Paula Nickelson Acting Director

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 0.02 **Uncertainty: 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

Simulator Average

34.02

**NIST Average** 34.03

**Combined Uncertainty** .03

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

### ADJUSTMENT RESULTS

No adjustment was needed.

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

Notes on Condition: none

Deviation(s) from method: none

**DHSS BAP Scientist Approving:** 

**B. LUTMER** 

**Certification No:** 

MP2927 9302022

**DHSS BAP Scientist Approving** 

Simulator Calibration Certification Issued by Lab Manager, DHSS BAP Revision Date: 06/25/2022

**Breath Alcohol Program** 1903 Northwood Drive, Suite 4 Poplar Bluff, MO 63901

**DHSS BAP Document 3.6A Revision 2** Page 1 of 1



#### 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  $34^{\circ}C$  +/- .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.

Tou

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 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

Salation 1 1 in

NUMBER 220090

EXPIRES 3/16/2024

MO 580-0771 (6-10)

Danla I. Nucleelso

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY