



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

**INTOX DMT MAINTENANCE REPORT**

**RECEIVED**

By Tracy Crews at 3:15 pm, Dec 11, 2023

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 <b>500257</b>	NAME OF AGENCY <b>St. James Police Dept</b>	DATE OF INSPECTION <b>12/11/2023</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>200 N. Bourbeuse Street, St. James, MO 65559</b>		TIME OF INSPECTION <b>10:48:16</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>12/11/2023 10:48:19</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>44.4°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

<b>BREATH ANALYZER ACCURACY STANDARDS</b>	
<input checked="" type="checkbox"/> SIMULATOR STANDARD	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH</u>	LOT # <u>23180</u> EXP. DATE <u>05/17/2025</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u>	SIM. SN <u>MP2927</u> SIM. NIST EXP DATE <u>10/05/2024</u>

<input checked="" type="checkbox"/> <b>CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b> 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: 0.098	TEST 2: 0.099	TEST 3: 0.098
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<input checked="" type="checkbox"/> <b>PERFORM R.F.I. TEST</b>
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0	0-.04: 5	.05-.09: 0	.10-.14: 1	.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)

THIS INSTRUMENT CONFORMS TO DHSS STANDARDS

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



**Missouri Department of Health and Senior Services**

P.O. Box 570, Jefferson City, MO 65102- 7 Phone: 73-7 1-64 FAX: 73-7 1-6 1  
RELAY MISS URI f r H a i g a d Sp ch Imp d 1-8 -73 -29 V CE 1-8 -73 -2466



**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:** 17KMM00689      **Bias:** 0.00  
**Uncertainty:** 0.02  
**Date of Certification:** 1/23/2023      **Date of Expiration:** 1/23/2024

## 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>
34.01	34.00	.03

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

## ADJUSTMENT RESULTS

No adjustment was needed.

**Date of testing:** 10/5/2023  
**Certification Expiration:** 10/5/2024  
**Simulator testing technician:** R. SCHILDKNECHT

**Notes on Condition:** none

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

**DHSS BAP Scientist Approving:** BRIANNA MEDRANO  
**Certification No:** MP2927\_1052023

**X** *Brianna Medrano*

DHSS BAP Scientist Approving

Simulator Calibration Certification  
Issued by Lab Manager, DHSS BAP  
R s Da : 06/25/2022

B eath Alcohol P g am  
1903 N t w d Driv , Suit 4  
pla Bluff, MO 3901

DHSS BAP D cum t 3.6A  
R vis 2  
g 1 f 1



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

*Paula J. Nickelson*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB 4 (R6 10)