

#383 P.002/004  
11/17/2023 06:36  
6603854935  
From: Macon Police Dept



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: 500274 NAME OF AGENCY: Macon Police Department DATE OF INSPECTION: 11/08/2023

LOCATION OF INSTRUMENT (STREET AND CITY): 301 East Bourke Street, Macon, M.O., 63552 TIME OF INSPECTION: 05:39:33

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

DIAGNOSTIC RECORD  
DATE AND TIME 11/08/2023 05:39:35  DETECTOR  
 PROGRAM  FILTER 1  
 SAMPLE CHAMBER 48.7°C  FILTER 2  
 BREATH TUBE 48.1°C  FILTER 3  
 PUMP  INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS  
 SIMULATOR STANDARD  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER GUTH LOT # 23390 EXP. DATE 10/17/2025

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 SIM. SN SD2868 SIM. NIST EXP DATE 09/20/2024

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.  
 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE  
 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE  
 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1: 0.102 TEST 2: 0.102 TEST 3: 0.102

PERFORM R.F.I. TEST

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

REFUSALS: 0 | 0-.04: 23 | .05-.09: 0 | .10-.14: 0 | .15-.19: 2 | OVER 19: 0

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)

INSPECTING OFFICER

SIGNATURE: *AW* PRINT FULL NAME: ANDRE A WILLIAMS

TYPE / PERMIT NUMBER: 230224 EXPIRATION DATE: 10/19/2025 TELEPHONE NUMBER: 660-385-2195

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

State of Missouri 5738409139 11/17/2023 05:53AM Pg 02/04



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-564-5470

**CERTIFICATE OF ANALYSIS**

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **23390** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 18, 2023**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1207%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 17, 2025** 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 FN03072301 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**  
**ANDRE A. WILLIAMS**

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 10/19/2023  
NUMBER 230224  
EXPIRES 10/19/2025

*Mike Mason*  
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DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Dave J. Nielsen*  
\_\_\_\_\_  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES