



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

RECEIVED  
 BY: [Name] DATE: 04/14/2023

**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 <b>500605</b>	NAME OF AGENCY <b>Clayton Police Department</b>	DATE OF INSPECTION <b>04/14/2023</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>10 S. Brentwood Blvd. Clayton, MO 63105</b>		TIME OF INSPECTION <b>22:04:02</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.

**DIAGNOSTIC RECORD**

DATE AND TIME <u>04/14/2023 22:04:04</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>46.4°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

**BREATH ANALYZER ACCURACY STANDARDS**

<input checked="" type="checkbox"/> SIMULATOR STANDARD	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH</u>	LOT # <u>22310</u> EXP. DATE <u>08/11/2024</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u>	SIM. SN <u>MP5541</u> SIM. NIST EXP DATE <u>07/19/2023</u>

**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: 0.100	TEST 2: 0.099	TEST 3: 0.100
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**PERFORM R.F.I. TEST**

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

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

Date and time will be corrected; it is currently 06-03-2023 at 1515 hours

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME <b>H PADILLA</b>	
TYPE II PERMIT NUMBER <b>230049</b>	EXPIRATION DATE <b>03/27/2025</b>	TELEPHONE NUMBER <b>314-645-3000</b>

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



314 North Pearl Street • Albany, New York 12207 • 800-848-4983 • (518) 434-4546 • Fax (518) 434-0891

**CERTIFICATE OF ANALYSIS  
ALCOHOL REFERENCE SOLUTION FOR SIMULATOR**

**Lot No: 22310 Exp. Date: 8/11/2024**

This Alcohol Reference for Simulator was received on 8/18/2022 and tested on a Gas Chromatograph by Marie Gemmill according to the standard procedure Alcohol Reference Solution-1, and found to contain 0.1224 %  $\leq$  0.00102 (wt/vol) Ethyl Alcohol. The Alcohol and water used in this solution were free of test interfering substances.

A contemporaneous record has been kept in the regular and normal course of business for the date of testing, material tested, test conducted, individuals conducting the testing and the results.

**Laboratory Reference:** 220818088

**QA Manager:**

A handwritten signature in black ink, appearing to read "Chris Hess", written over a horizontal line.

Christopher Hess

**Laboratory Director:**

A handwritten signature in black ink, appearing to read "Tara Daniels", written over a horizontal line.

Tara Daniels

**Report Date:**

8/23/2022



**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



Paula Nickelson  
 Acting Director

Michael L. Parson  
 Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

Simulator Serial Number: MP5541      Manufacturer: Guth  
 Model Number: 12V500  
 Agency: CLAYTON PD  
 Agency Address: 10 S BRENTWOOD BLVD, CLAYTON, MO 63105

## 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>
34.00	34.00	.03

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

## ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 7/19/2022  
 Certification Expiration: 7/19/2023  
 Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO  
 Certification No: MP5541\_7192022

**X** *Brianna Medrano*

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



**PERMIT**  
**TYPE II**  
**HANNAH L. PADILLA**

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 3/27/2023

*Mike Messner*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230049

*Dave J. Nickelson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 3/27/2025

MO 580-0771 (6-10)

LAB-4 (R6-10)

 **STATE OF MISSOURI**  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM

**INSTRUMENT OPERATOR CARD**

*The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*

Operator PADILLA, HANNAH  
 Permit No 230049  
 Date Issued 3/27/2023 Date Expires 3/27/2025

