



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

INTOX EC/IR II MAINTENANCE REPORT

REPORT #3

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 EC/IR II SN
12812

NAME OF AGENCY
DESOTO P.D.

DATE OF INSPECTION
03/15/2024

LOCATION OF INSTRUMENT (STREET AND CITY)
17 BOYD DESOTO

TIME OF INSPECTION
08:49 CDT

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☒ BLANK CHECK☒ CO2 CHECK☒ FC 1 TEMP☒ FLOW CHECK☒ SRC TEMP☒ FCB CHECK☒ DET TEMP☒ CRC COMP CHECK☒ BT TEMP☒ CRC CAL CHECK☒ STD 2 TEMP☒ PRINT TEST☒ ETH CHECK

BREATH ANALYZER ACCURACY STANDARDS

☒ SIMULATOR SOLUTION☐ COMPRESSED ETHANOL-GAS MIXTURE☒ STANDARD SUPPLIER

Guth Laboratories

LOT# 22430

EXP. DATE 11/30/2024

☒ SIMULATOR TEMP (34°C \pm 0.2°C)

SIM. SN

SIM. NIST EXP DATE

34C +/- .2C

MP4951

10/16/2024

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within \pm 5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution 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% INCLUSIVETEST 1 \rightarrow 0.097 g/210LTEST 2 \rightarrow 0.098 g/210LTEST 3 \rightarrow 0.098 g/210L

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

REFUSALS

0

0-.04

1

.05-.09

0

.10-.14

0

.15-.19

0

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

PRINT FULL NAME

SCHURMAN, JACOB

TYPE 1 PERMIT NUMBER

230235

EXPIRATION DATE

10/31/2025

TELEPHONE NUMBER

(636) 586-8891

RETURN COMPLETED REPORT TO THE:

Breath Alcohol Program, Missouri Department of Health and Senior Services,
by mail, fax, or e-mail



GUTH LABORATORIES, INC.

590 NORTH 6TH STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-684-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 22430 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on December 1, 2022, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1216% (w/vol) ethyl alcohol. The expiration date for this lot number is November 30, 2024 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 Certified 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
JACOB SCHURMAN

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 EC/IR II

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 10/31/2023

NUMBER 230235

EXPIRES 10/31/2025

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Daniel L. Richardson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R0-10)

MO-000-0771 (8-10)

 **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 **SCHURMAN, JACOB**
Permit No **230235**
Date Issued **10/31/2023** Date Expires **10/31/2025**

