

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

DITTED TODA		
BREATH ALC	OHOL PROGRAM	

INTOX EC/IR II					REPORT #3	
Complete this report at the time of						
days), Complete this report whenever						
into service. Retain the original a	A STATE OF THE PARTY OF THE PAR	n 15 days to the				
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION			
12839	Crystal City Poli	ice Dept	09/21/2020			
LOCATION OF INSTROMENT (STREET AND CITY)			TIME OF INSPECTION			
130 Mississippi Ave Crystal Cit			14:18 CDT			
CHECKLIST: Place a mark in the box	Designation of the second seco		CONTRACTOR			
established limits. (Write in obser	ved values where det	ermined) Unmark	ced items must be	corrected		
before using instrument.						
X DIAGNOSTIC RECORD						
X BLANK CHECK		X CO2 CHECK				
X FC 1 TEMP		X FLOW CHECK				
X SRC TEMP		X FCB CHECK				
X DET TEMP						
X BT TEMP		X CRC CAL CHECK				
(mail			X			
X STD 2 TEMP		X PRINT TEST				
ETH CHECK						
BREATH ANALYZER ACCURACY STANDA	RDS					
X SIMULATOR SOLUTION		COMPRESSED ET	THANOL-GAS MIXTU	RE		
X STANDARD SUPPLIER Guth L	aboratories I	OT# 19341	EXP.	DATE 11/18/2021		
X SIMULATOR TEMP (34°C ±0.2°C)	SIM. SN		SIM. NIST EXP I			
		•	707	MIL		
34C +/2C	DR3772		10/16/2020			
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO BE	USED PER MAINT	ENANCE REPORT)	1 10 1121211		
Run three tests using a stand			_			
and must have a spread of .00 used.	5 or less. Mark t	he box correspo	nding to the sta	andard solution h	eing	
X 0.10% STANDARD - MUST READ						
0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE						
0.04% STANDARD - MUST READ	BETWEEN 0.038% AND	0.042% INCLUSI	.VE			
TEST 1 % 0.101 g/210L	TEST 2 ** 0.101 g	[/210L	TEST 3 5 0.102			
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
THOUGHT THE MUMBER OF BEEGIN 1.	MODEO IN 1815 COULOW	ING KANGES SINC	E THE DAST MAIN!	EMANCE REPORT:		
REFUSALS 0 004 0	.0509 0	.1014 0	.15~.19 0	OVER .19 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE			STORE THE INSTRUMENT	TO OPERATE	~	
SATISFACTORILY AND WITHIN ESTABLISHED LIN	ILIS (USE OTHER SIDE IF	WECESSARY).				
Calibration CRC 929A252						
Calibration CRC 929A252						
INSPECTING OFFICER						
BIGNATURE .		PRINT FULL NAME				
- ( moto 2011 II601		Jeffery S. Wyn	/nn			
		TELEPHONE NUMBER				
280295 10/04	1/2020	(636) 937-4601				
RETURN COMPLETED REPORT TO	) THE.					
		-6 YY3-13	a	_		
Breath Alcohol Program, Misso	ouri bepartment o	or Hearth and	senior service	:8,		
by mail, fax, or e-mail						



#### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 19341 of
Alcohol Reference Solution for Simulator were analyzed by
gas chromatography on November 20, 2019, using a Perkin Elmer Gas
Chromatograph Autosystem XL S/N: 610N9030209, and found to contain
0.1211% (w/vol) ethyl alcohol. The expiration date for this lot
number is November 18, 2021 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 FN04271602 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.



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 1-800-735-2986 VOICE 1-800-735-2466

Randall W. Williams, MD, FACOG Director



Michael L. Parson

## SIMULATOR CERTIFICATION REPORT

#### SIMULATOR INFORMATION

Simulator Serial Number: DR3772

Manufacturer: Guth

Model Number:

2100

Agency:

DESOTO PD

Agency Address: #17 BOYD ST., DESOTO, MO 63020

#### NIST THERMOMETER INFORMATION

Serial Number:

304447

Bias:

0.01

Uncertainty:

0.02

Date of Certification:

10/24/2018

Date of Expiration: 10/24/2019

## **ENVIRONMENTAL CONDITIONS**

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

### VERIFICATION RESULTS

Simulator Average

NIST Average

Combined Uncertainty

34.00

34.02

.05

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

### ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing:

10/16/2019

Certification Expiration:

10/16/2020

Simulator testing technician: B. LUTMER

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving:

B. LUTMER

Certification No:

DR3772 10162019

PHSS BAP Scientist Approving



## STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# PERMIT TYPE II

## **JEFFERY S WYNN**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

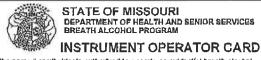
## INTOX EC/IR II

for the determination of the alopholic 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 506.118 RSMo.

DATE10/4/2018	Wa h		
200	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NÜMBER 280295			
EXPIRES 10/4/2020	And deline		
	DIRECTOR OF DEPARTMENT OF HEALTH-AND SENIOR SERVICES		

MD,580-0771-(8-10)

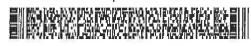
LAB-4 (FIG-10)



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 WYNN, JEFFERY Permit No 280295

te Issued 10/4/2018 Date Expires 10/4/2020



#### Intox EC/IR-II: Calibration

Crystal City Police Dept. 130 Mississippi Ave Crystal City Serial Number: 012839 Test Number: 484 Test Date: 09/21/2020 Test Time: 14:02 CDT

Operator's Name: Jeffery S. Wynn
Operator's Permit #: 280295
Permit Expiration Date: 10/04/2020

Wet Gas Target: 0.100 Lot Number: 19341 Exp Date: 11/18/2021 System Check: Passed

> Test g/210L Time BLK 0.000 14:03 CAL 0.100 14:04

#### Success

Calibration CRC: 929A252B