

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

INTOX EC/IR II					REPORT #3
Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35					-
days). Complete this report whenever	er the instrument i	s serviced or repa	ired and whenever	it is placed	
into service. Retain the original a	and send a copy wit	hin 15 days to the			
12843	Republic PD		DATE OF INSPECTION	V.	
LOCATION OF INSTRUMENT (STREET AND CITY)			10/18/2020		
540 Civic Blvd Republic			TIME OF INSPECTION 09:20 CDT	1	
CHECKLIST: Place a mark in the box	by each item if fo	und to be satisfas		na vilebla	
established limits. (Write in obser	eved values where d	etermined) Unmar	ked items must be	corrected	
before using instrument.	The real and the r	occiminat, oimai	ned reems must be	corrected	
X DIAGNOSTIC RECORD	3.00				
X BLANK CHECK		X CO2 CHECK			
X FC 1 TEMP		X FLOW CHECK			
X SRC TEMP X FCB CHECK					
X DET TEMP			OT/		
					10
X BT TEMP		X CRC CAL CHEC	K		
X STD 2 TEMP		X PRINT TEST			
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	RDS				
X SIMULATOR SOLUTION		COMPRESSED E	THANOL-GAS MIXTU	RE	
X STANDARD SUPPLIER Guth		LOT# 19370	EXP.	DATE 12/09/2	021
X SIMULATOR TEMP (34°C +0.2°C)	SIM.	SN	SIM. NIST EXP	DATE	
34C +/2C	sd3326	6	02/14/2021		
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO I	RE HIGED DED MATN			
Run three tests using a stand				° of the stand	
and must have a spread of .00	5 or less. Mark	the box correspo	onding to the st.	or the stand	ard value
used.					ii being
X 0.10% STANDARD - MUST READ	BETWEEN 0.095% AM	ND 0.105% INCLUS	IVE		
0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE					
0.04% STANDARD - MUST READ	BETWEEN 0.038% AM	ND 0.042% INCLUS	IVE		
TEST 1 0.100 g/210L	TEST 2 0.100	g/210L	TEST 3 5 0.10	1 g/210L	
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	WING RANGES SINC	E THE LAST MAIN	TENANCE REPORT	:
REFUSALS 0 004 5	.0509 0	.1014 1	.1519 0	OVER .19	2
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE SATISFACTORILY AND WITHIN ESTABLISHED LIN	RATION OR MODIFICATION	N THAT WAS MADE TO RE	STORE THE INSTRUMENT	TO OPERATE	
DATIONACIONIDI AND WITHIN ESTABLISHED LIN	TITS (USE OTHER SIDE)	IF NECESSARY).			
INSPECTING OFFICER					
SIGNATURE	PRINT FULL NAME				
TYPE II PERMIT NEMBER PERPIRAT	SCHREIBER, FRANK TELEPHONE NUMBER				
	1/2021	(417)732-3900			
		, 11, , 752 5500			
RETURN COMPLETED REPORT TO THE:					
Breath Alcohol Program, Missouri Department of Health and Senior Services,					
by mail, fax, or e-mail					



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 19370 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **December 10**, 2019, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1199% (w/vol) ethyl alcohol. The expiration date for this lot number is **December 9**, 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.



STATE OF MISSOURI

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



PERMIT TYPE II

FRANK G SCHREIBER

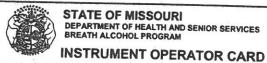
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repair and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, 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 section 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE5/21/2019	won
NUMBER 290110	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 5/21/2021	El Ville
MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



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

Operator SCHREIBER, FRANK

Permit No 290110 Date Issued 5/21/2019

Date Expires 5/21/2021

