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By Tracy Crews at 9:11 am, Nov 19, 2020



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 500007 | NAME OF AGENCY St Louis County Intake | DATE OF INSPECTION 11/01/2020 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 100 S. Central, Clayton MO | | TIME OF INSPECTION 21:05:48 |

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>11/01/2020 21:05:50</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>48.1°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>19160</u> EXP. DATE <u>07/09/2021</u> |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> | SIM. SN <u>SD2671</u> SIM. NIST EXP DATE <u>04/28/2021</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: 0.101 | TEST 3: 0.101 |
|---------------|---------------|---------------|

 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: 2 |
|-------------|---------|----------|----------|----------|------------|

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)

| |
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| |

INSPECTING OFFICER

| | |
|---|--|
| SIGNATURE | PRINT FULL NAME KEVIN R VILMER |
| TYPE II PERMIT NUMBER 290234 | EXPIRATION DATE 10/01/2021 |
| TELEPHONE NUMBER 314-615-6424 | |

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



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-664-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 19160 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on July 10, 2019, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is July 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.



SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: SD2671 Manufacturer: Guth
 Model Number: 10-4D
 Agency: ST LOUIS CO DEPT OF JUSTICE SVCS
 Agency Address: 100 S CENTRAL, CLAYTON, MO 63105

NIST THERMOMETER INFORMATION

Serial Number: 304447 Bias: 0.00
 Uncertainty: 0.02
 Date of Certification: 11/13/2019 Date of Expiration: 11/13/2020

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 | .02 |

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 4/28/2020
 Certification Expiration: 4/28/2021
 Simulator testing technician: B. LUTMER

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER
 Certification No: SD2671_4282020

X

DHSS BAP Scientist Approving



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



PERMIT
TYPE II
KEVIN VILMER

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 10/1/2019

NUMBER 290234

EXPIRES 10/1/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (5-10)

LAB-4 (08-10)

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 VILMER, KEVIN
Permit No 290234
Date issued 10/1/2019 Date Expires 10/1/2021