

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

### INTOX DMT MAINTENANCE REPORT

REPORT #1

THE STATE OF THE S	L IXEI OIXI			
Complete this report at the time of the regular more Complete this report whenever the instrument is serial Retain the original and send a copy within 15 days	erviced or repaired and	whenever it is placed in		
NAME OF AGENCY 500030  NAME OF AGENCY  Marshall Police Department			DATE OF INSPECTION 10/28/2020	
LOCATION OF INSTRUMENT (STREET AND CITY) 461 W. Arrow St. Marshall, Mo 65340			TIME OF INSPECTION 02:45:37	
CHECKLIST: Place a mark in the box by each ite values where determined). Unmarked items must	em if found to be satisfact be corrected before usi	ctory or is operating wit ng instrument.	nin established limits. (W	Vrite in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME 10/28/2020 02:45:39	[	DETECTOR		
☑ PROGRAM	Ē	X FILTER 1		
☑ SAMPLE CHAMBER 48.7°C		X FILTER 2		
☑ BREATH TUBE 44.0°C		X FILTER 3		
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDAR	DS			
☑ SIMULATOR STANDARD	[	☐ COMPRESSED ET	HANOL-GAS MIXTURI	E
STANDARD SUPPLIER GUTH	LOT#	19370	EXP. DATE 12	2/09/2021
SIMULATOR TEMP (34°C ± 0.2°C) 33.9	SIM. SN	MP4953	SIM. NIST EXP DATE_	09/22/2021
<ul> <li>☑ CALIBRATION CHECK - (ONLY ONE STA Run three tests using a standard. All three test of .005 or less. Mark the box corresponding t</li> <li>☑ 0.10% STANDARD - MUST READ E</li> <li>☑ 0.08% STANDARD - MUST READ E</li> <li>☑ 0.04% STANDARD - MUST READ E</li> </ul>	to the standard being us BETWEEN 0.095% AND BETWEEN 0.076% AND	sed. 0 0.105% INCLUSIVE 0 0.084% INCLUSIVE	nd must have a spread	
TEST 1: 0.102 TEST 2: 0.102			TEST 3: 0.101	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS	S IN THE FOLLOWING	RANGES SINCE TH	HE LAST MAINTENAN	ICE REPORT:
REFUSALS: 0 004: 3	.0509: 3	.1014: 2	.1519: 0	OVER .19: 2
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIF ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	FICATION THAT WAS MADE TO F	ESTORE THE INSTRUMENT TO	OPERATE SATISFACTORILY AN	ID WITHIN
INSPECTING OFFICER				
SIGNATURE		PRINT FULL NAME M BLAKE MONTG	OMERY	
200254	09/24/2022	TELEPHONE NUM	BER - 886 - 7411	
	reath Alcohol Program, mail, fax, or email	Missouri Department o	f Health and Senior Serv	vices



#### 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

## M. BLAKE MONTGOMERY

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

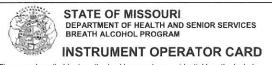
## ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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.

DATE9/24/2020	when		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 200254			
EXPIRES 9/24/2022	July Williams		
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		

MO 580-0771 (6-10)

LAB-4 (R5-10)



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 MONTGOMERY, M. 200254

Permit No Date Expires 9/24/2022 Date Issued 9/24/2020

