REPORT #1

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

INTOX DMT MAINTENANCE REPORT

Complete this report at the time Complete this report whenever Retain the original and send a c	the instrument is serv	iced or repaired and v	whenever it is placed				
INTOX DMT SN 500257				DATE OF INSPECTION 08/26/2020			
LOCATION OF INSTRUMENT (STREET AND CITY) 200 N. Bourbeuse Street, St. James, MO 65559				TIME OF INSPECTION 10:19:17			
CHECKLIST: Place a mark in t values where determined). Unr	the box by each item i harked items must be	if found to be satisfac corrected before usir	tory or is operating wing instrument.	ithin established limits. (Writ	e in observed		
DIAGNOSTIC RECORD							
DATE AND TIME 08/26/	DATE AND TIME 08/26/2020 10:19:19						
	PROGRAM						
	HAMBER 48.8°C SILTER 2						
BREATH TUBE 46.0°	BREATH TUBE 46.0°C						
BREATH ANALYZER ACCUR	RACY STANDARDS	· · · · · ·		·····			
SIMULATOR STANDA	RD		COMPRESSED E	THANOL-GAS MIXTURE			
STANDARD SUPPLIER G	UTH	LOT #	19160	EXP. DATE _07/0	EXP. DATE 07/09/2021		
SIMULATOR TEMP (34°C	± 0.2°C) 34.0	SIM. SN	MP2927	SIM. NIST EXP DATE 1	1/12/2020		
 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: 0.096	TE	TEST 2: 0.096		TEST 3: 0.097			
PERFORM R.F.I. TEST				J.	"		
INDICATE THE NUMBER OF	BREATH TESTS IN		RANGES SINCE 1	HE LAST MAINTENANC	E REPORT:		
REFUSALS: 0 004: (6.05	09: 0	.1014:2	.1519: 0	OVER .19: 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ESTABLISHED LIMITS (USE OTHER SIDE IF	(ALTERATION OR MODIFICA NECESSARY)	TION THAT WAS MADE TO R	ESTORE THE INSTRUMENT 1	O OPERATE SATISFACTORILY AND V			
INSPECTING OFFICER SIGNATURE	· · · · · · · · · · · · · · · · · · ·		PRINT FULL NAME ROGER A JARR ITELEPHONE NU				
280311		10/31/2020	573-426-				
RETURN COMPLETED REPO	by m	ail, fax, or email		of Health and Senior Servic			
MO 580-2898 (5-19)	A	N EQUAL OPPORTUNITY/AFF services provided on a r		R	LAB-166		

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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.

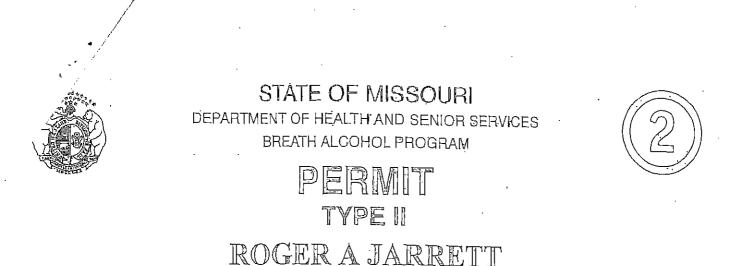
When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

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.



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.

1224 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 280311

MQ 580-0771 (6-10)

EXPIRES 10/31/2020_

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DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R5-10)

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 expl in Missiouri.
Operator JARRETT, ROGER Permit No 280311 Date Issued 10/31/2018 Date Expires 10/31/2020