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.

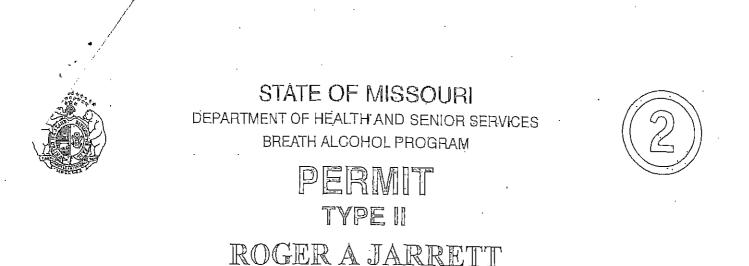
When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

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 |
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| 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 |
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