

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

RECEIVED RECEIV By Tracy Crews at 8:30 am, Mar 24, 2020

By Tracy Crews at 12:32 pm, Mar 23, 2020

INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the regular mon Complete this report whenever the instrument is se Retain the original and send a copy within 15 days	erviced or repaired and	wheneve	er it is placed in			
NAME OF AGENCY 500288 MARYVILLE DEPARTMENT OF PUBLIC			SAFETY	DATE OF INSPECTION 03/17/2020		
LOCATION OF INSTRUMENT (STREET AND CITY) 222 E. 3RD STREET, MARYVILLE, MO 64468				TIME OF INSPECTION 09:37:47		
CHECKLIST: Place a mark in the box by each iter values where determined). Unmarked items must be	n if found to be satisfac be corrected before usir	tory or is	operating with ment.	hin established limits.	(Write in observed	
☑ DIAGNOSTIC RECORD						
DATE AND TIME <u>03/17/2020 09:37:49</u> ⊠			DETECTOR			
☑ PROGRAM ☑			FILTER 1			
☑ SAMPLE CHAMBER 48.8°C		X FILTE	R 2			
☑ BREATH TUBE 47.5°C ☑ FILTER 3						
☑ PUMP ☑ INTERNAL STANDARD						
BREATH ANALYZER ACCURACY STANDARD)S					
☑ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE					IRE	
STANDARD SUPPLIER GUTH LOT#		19370		EXP. DATE <u>12/09/2021</u>		
	SIMULAT	OR SN_	SD2281	SIMULATOR EXP D	ATE 08/19/2020	
 \[\begin{align*} \text{CALIBRATION CHECK - (ONLY ONE STAN Run three tests using a standard. All three test of .005 or less. Mark the box corresponding to \(\begin{align*} 0.10% STANDARD - MUST READ BIT (A) All three tests of .008% STANDARD - MUST READ BIT (A) All three tests of .004% STANDARD - MUST READ BIT (A) All three tests of .004% STANDARD - MUST READ BIT (A) All three tests of .004% STANDARD - MUST READ BIT (A) All three tests using a standard All three tests of .005 and .005 all three tests of .005 and .005 all three tests using a standard All three tests of .005 and .005 all three tests of .005 all three tests	o the standard being us ETWEEN 0.095% AND ETWEEN 0.076% AND	ed. 0 0.105% 0 0.084%	INCLUSIVE	nd must have a spread	d _	
TEST 1: 0.099	TEST 2: 0.099			TEST 3: 0.099		
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWING	RANG	ES SINCE TH	HE LAST MAINTENA	ANCE REPORT:	
REFUSALS: 1 004: 11	0509: 1	.1014:	5	.1519: 5	OVER 19: 1	
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) INTOX DMT #500288 CONFORMS TO DEPARTMENT OF HEALTH SPECIFICATIONS.						
INSPECTING OFFICER		PRINT FULL	L NAME			
TYPE II PERMIT NUMBER	EXPIRATION DATE	VVAYN	WAYNE L WILSON TELEPHONE NUMBER			
290162	07/29/2021		660-562-3209			
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services Southeast District Office 2875 James Blvd, Poplar Bluff, MO 63901						



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.

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

WAYNE L WILSON

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

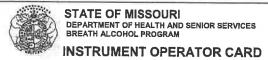
INTOX DMT

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 7/29/2019	white
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 290162	
EXPIRES 7/29/2021	for Ville
MO 500 0774 (5 40)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 all in Missouri.

Operator WILSON, WAYNE

Permit No 290162

Date Issued 7/29/2019 Date Expires 7/29/202

