### RECEIVED

By Tracy Crews at 12:51 pm, Oct 14, 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.					
NAME OF AGENCY 500288  NAME OF AGENCY MARYVILLE DEPARTMENT OF PUBLIC SAFETY			DATE OF INSPECTION 10/02/2020		
LOCATION OF INSTRUMENT (STREET AND CITY) 222 E. 3RD STREET, MARYVILLE, MO 64468			TIME OF INSPECTION 18:30:59		
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 TIME10/02/2020 18:31:01					
☑ PROGRAM ☑ FILTER 1					
SAMPLE CHAMBER 48.8°C					
☑ BREATH TUBE 45.7°C ☑ FILTER 3					
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDARDS					
☑ SIMULATOR STANDARD □ C		MPRESSED ETHANOL-GAS MIXTURE			
STANDARD SUPPLIER GUTH	LOT# 20190		EXP. DATE <u>04/06</u>	/2022	
SIMULATOR TEMP (34°C ± 0.2°C) 34.0	SIM. SN_SD22	81	SIM. NIST EXP DATE <u>08</u>	/31/2021	
<ul> <li>□ 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.</li> <li>□ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</li> <li>□ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</li> <li>□ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</li> </ul>					
TEST 1: 0.098 TEST 2: 0.098		TEST 3: 0.098			
□ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS: 1 004: 2 .05-	09: 0 .1014	l: 4	.1519: 4	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICAT ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	TION THAT WAS MADE TO RESTORE	THE INSTRUMENT TO	OPERATE SATISFACTORILY AND WI	THIN	
INTOX DMT #500288 CONFORMS TO DEPARTMENT OF	FHEALTH SPECIFICATIONS.				
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME WAYNE L WILSON			
TYPE II PERMIT NUMBER 290162	07/29/2021	TELEPHONE NUM 660-562-3			
RETURN COMPLETED REPORT TO THE  Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email					



## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 20190 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on April 8, 2020, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1206% (w/vol) ethyl alcohol. The expiration date for this lot number is April 6, 2022 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 FN02271802 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

## 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):

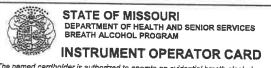
## INTOX DMT

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	white
NUMBER 290162	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 7/29/2021	El Ville
MO 580-0771 (6-10)	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 air in Missouri.

Operator WILSON, WAYNE

Permit No 290162

Date Issued 7/29/2019 Date Expires 7/29/2021

