

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

INTOY DMT MAINTENANCE DEDOOT

REPORT #1

MENOR LIVING DIVI	MAINTENANC	EREPORT				itel bitt i	
Complete this report at the tim Complete this report wheneve Retain the original and send a	r the instrument is s	erviced or repaire	ed and wheneve	r it is placed inf			
INTOX DMT SN 500300 NAME OF AGENCY BONNE TERRE POLICE DEPARTMENT					02/11/2020	- 44	
LOCATION OF INSTRUMENT (STREET AND CITY) 118 N. ALLEN STREET BONNE TERRE MO, 63628					TIME OF INSPECTION 14:33:30	\$6	
CHECKLIST: Place a mark in values where determined). Un	the box by each ite marked items must	em if found to be a be corrected before	satisfactory or is ore using instrur	operating with nent.	in established limits. (W	rite in observed	
☑ DIAGNOSTIC RECORD	11 12					-50/5	
DATE AND TIME 02/11/2020 14:33:32			□ DETE	☑ DETECTOR			
☑ PROGRAM			☑ FILTER 1				
☑ SAMPLE CHAMBER 48.9°C ☑ FILTER 2							
☑ BREATH TUBE 47.0°C ☑ FILTER 3							
☑ PUMP ☑ INTERNAL STANDARD						5.40	
BREATH ANALYZER ACCU	RACY STANDAR	DS		4 (40) 344			
SIMULATOR STAND.	☐ COMPRESSED ETH			IANOL-GAS MIXTURE			
STANDARD SUPPLIER	GUTH	LC	OT# <u>18200</u>		EXP. DATE <u>07</u>	/03/2020	
SIMULATOR TEMP (34°C	± 0.2°C) 34.0	SIM	MULATOR SN_	DR3615	IMULATOR EXP DATI	E_01/13/2021	
CALIBRATION CHECK - Run three tests using a state of .005 or less. Mark the I	oox corresponding t D - MUST READ B D - MUST READ E	to the standard be SETWEEN 0.095 SETWEEN 0.076	eing used. % AND 0.105% % AND 0.084%	INCLUSIVE	d must nave a spread		
TEST 1: 0.098		TEST 2: 0.098			TEST 3: 0.097		
PERFORM R.F.I. TEST	-				100.00		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:							
REFUSALS: 0 0-,04:		.0509: 0	,1014:		.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE AI ESTABLISHED LIMITS (USE OTHER SIDE) Within standards	NY ALTERATION OR MODIF F NECESSARY)	HCATION THAT WAS MA	ADE TO RESTORE THI	EINSTRUMENT TO C	DPERATE SATISFÄGTÖRILY AND	O WITHIN	
INSPECTING OFFICER							
SIGNATURE () () () ()				PRINT FULL NAME DOUGLAS S CALVERT			
TYPE II PERMIT NUMBER 290188		08/21/20		573-701-77			
RETURN COMPLETED REP	Sc	eath Alcohol Pro outheast District (375 James Blvd, I	Office		th and Senior Services	10	
MO 580-2898 (5-13)			INITY/AFFIRMATIVE A			LAB-166	



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 18200 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on July 6, 2018, using a Perkin Elmer Gas Chromatograph Autosystem XI. S/N: 610N9030209, and found to contain 0.1215% (w/vol) ethyl alcohol. The expiration date for this lot number is July 3, 2020 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.