

**RECEIVED**

By Tracy Crews at 9:27 am, Jun 30, 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.

|  |                |                                  |
|--|----------------|----------------------------------|
| INTOX DMT SN<br>500605                   | NAME OF AGENCY | DATE OF INSPECTION<br>06/29/2020 |
| LOCATION OF INSTRUMENT (STREET AND CITY) |                | TIME OF INSPECTION<br>08:17:28   |

**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 TIME <u>06/29/2020 08:17:29</u>                         | <input checked="" type="checkbox"/> DETECTOR          |
| <input checked="" type="checkbox"/> PROGRAM                      | <input checked="" type="checkbox"/> FILTER 1          |
| <input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u> | <input checked="" type="checkbox"/> FILTER 2          |
| <input checked="" type="checkbox"/> BREATH TUBE <u>42.4°C</u>    | <input checked="" type="checkbox"/> FILTER 3          |
| <input checked="" type="checkbox"/> PUMP                         | <input checked="" type="checkbox"/> INTERNAL STANDARD |

**BREATH ANALYZER ACCURACY STANDARDS**

|   |  |
|---|--|
| <input type="checkbox"/> SIMULATOR STANDARD                               | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u> | LOT # <u>AG013403</u> EXP. DATE <u>05/13/2022</u>                  |
| <input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C)                    | SIM. SN SIM. NIST EXP DATE   |

**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: 0.099 | 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: 0 | 0-.04: 0 | .05-.09: 0 | .10-.14: 0 | .15-.19: 0 | OVER .19: 0 |
|-------------|----------|------------|------------|------------|-------------|

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)

MSC LAB  
New Placement, Software update

**INSPECTING OFFICER**

|                                 |                                |                                  |
|---------------------------------|--------------------------------|----------------------------------|
| SIGNATURE<br>                   | PRINT FULL NAME<br>MATT B BOND |                                  |
| TYPE II PERMIT NUMBER<br>290214 | EXPIRATION DATE<br>09/19/2021  | TELEPHONE NUMBER<br>660-543-4597 |

**RETURN COMPLETED REPORT TO THE** Breath Alcohol Program, Missouri Department of Health and Senior Services  
by mail, fax, or email

CALIBRATION FACTORS

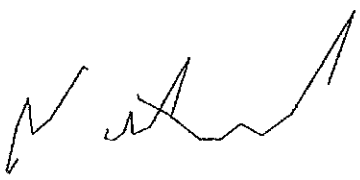
-----  
INTOX dmt: 500605  
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Date: 06/29/2020  
Time: 08:07:24

OPERATOR NAME:  
MATT B BOND  
PERMIT NUMBER: 290214  
EXPIRATION DATE: 09/19/2021

LOT #: 18200  
SUPPLIER: GUTH  
EXPIRATION: 07/03/2020

Ca = 0.1000  
ADJ = 1.001421    0.800 <= ADJ < 1.200  
b1 = 0.0009        0.0000 <= b1 < 0.0040  
b2 = 0.0031        0.0010 <= b2 < 0.0100  
b3 = 0.0000        0.0000 <= b3 < 0.0040  
Xq = 0.0932        0.0500 <= Xq < 0.2500  
a21 = 1.086350    1.050 <= a21 < 1.300  
a31 = 0.506003    0.300 <= a31 < 0.800





## GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

### 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 XL 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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L  $\pm$  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.*



Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

## Certificate of Analysis

**Customer Name**

Exclusive Supplier  
Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

**Test Date:** 18-May-2020

**Lot # AG013403 Model 108cacc**

| <u>Exp. Date</u> | <u>Cyl. Type</u> | <u>Component</u>    | <u>Certified Concentration</u>       |
|------------------|------------------|---------------------|--------------------------------------|
| 13-May-2022      | 108              | Ethanol<br>Nitrogen | 0.100 ± 2% BrAC (260 ppm)<br>Balance |

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

| <u>RGM Serial No.</u> | <u>Concentration</u> | <u>RGM Serial No.</u> | <u>Concentration</u> |
|-----------------------|----------------------|-----------------------|----------------------|
| EB0010581             | 392.1 ppm            | EB0010603             | 393.0 ppm            |
| EB0010570             | 259.8 ppm            | EB0010559             | 258.2 ppm            |
| EB0010285             | 208.0 ppm            | EB0010595             | 208.3 ppm            |
| EB0010561             | 103.6 ppm            | EB0010562             | 104.2 ppm            |
| EB0010681             | 52.12 ppm            | EB0010579             | 52.81 ppm            |

| <u>CRM Serial No.</u> | <u>Concentration</u> | <u>CRM Serial No.</u> | <u>Concentration</u> |
|-----------------------|----------------------|-----------------------|----------------------|
| CC434668              | 800.0 ppm            | 0056649               | 390.1 ppm            |
| CC234503              | 253.0 ppm            | 0056662               | 150.2 ppm            |

**Analytical Method:** NDIR

Digitally signed by Quality Control  
Date: 2020.05.19 13:37:14 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06  
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



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



**PERMIT  
 TYPE II**

**MATT B BOND**

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, INTOXILYZER 8000, INTOX EC/IR II, ASIV W/PRINTER**

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 9/19/2019

NUMBER 290214

EXPIRES 9/19/2021

*W. S. ...*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MC 560-0771 (5-10)

LAB-4 (R6-10)