

RECEIVED

By Tracy Crews at 11:55 am, Apr 26, 2021



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 500018	NAME OF AGENCY PLEASANT VALLEY P.D.	DATE OF INSPECTION 03/18/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 6502 ROYAL ST., PLEASANT VALLEY, MO 64068		TIME OF INSPECTION 22:52:31

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>03/18/2021 22:52:33</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.9°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>38.4°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

<input checked="" type="checkbox"/> SIMULATOR STANDARD	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH</u>	LOT # <u>20420</u> EXP. DATE <u>09/22/2022</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u>	SIM. SN <u>MP3582</u> SIM. NIST EXP DATE <u>12/14/2021</u>

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: 0.101	TEST 2: 0.100	TEST 3: 0.100
----------------------	----------------------	----------------------

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: 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)

INSPECTING OFFICER

SIGNATURE <i>A. Cramer</i>	PRINT FULL NAME ANDREW A CRAMER
TYPE II PERMIT NUMBER 290257	EXPIRATION DATE 10/31/2021
	TELEPHONE NUMBER 816-781-7373

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

MARCELINE POLICE DEPARTMENT-BREATH ALCOHOL PROGRAM

AS IV Serial no: 087960
Version no: 532B
TEST RECORD 00326 s/
Temp Date Time 210L
Air Blank: 04/14/21 21:56 .000
Calibration Check: 23 04/14/21 21:56 .097
Subject Name
TEST #1
Subject I.D.

Operator Name, I.D.
W. BARGER #21005A
Location
123. E. SANTA FE,
MARCELINE, MO,
64658

AS IV Serial no: 087960
Version no: 532B
TEST RECORD 00327 s/
Temp Date Time 210L
Air Blank: 04/14/21 21:59 .000
Calibration Check: 23 04/14/21 21:59 .097
Subject Name
TEST #2
Subject I.D.

Operator Name, I.D.
W. BARGER #210056
Location
123 E. SANTA FE,
MARCELINE, MO
64658

AS IV Serial no: 087960
Version no: 532B
TEST RECORD 00328 s/
Temp Date Time 210L
Air Blank: 04/14/21 22:01 .000
Calibration Check: 23 04/14/21 22:01 .096
Subject Name
TEST #3
Subject I.D.

Operator Name, I.D.
W. BARGER #210056
Location
123 E. SANTA FE,
MARCELINE, MO,
64658

AS IV Serial no: 087960
Version no: 532B
TEST RECORD 00329 s/
Temp Date Time 210L
VOID: RFI
12 04/14/21 22:05
Subject Name
RFI TEST
Subject I.D.

Operator Name, I.D.
W. BARGER #210056
Location
123 E. SANTA FE,
MARCELINE, MO,
64658

TEST# 1

TEST #2

TEST #3

RFI TEST

AS-IV S/N: 087960 Type II Permit Holder: William Barger #210056-Exp: 04/06/2023 Date of Maintenance Report: 04/14/2021

Marceline Police Department AS-IV Monthly Maintenance Report



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **20420** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 23, 2020**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1208%** (w/vol) ethyl alcohol. The expiration date for this lot number is **September 22, 2022** 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 FN03052002 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

2

PERMIT
TYPE II
ANDREW A CRAMER

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 10/31/2019

NUMBER 290257

EXPIRES 10/31/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

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

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 expired air in Missouri.

Operator CRAMER, ANDREW
Permit No 290257
Date Issued 10/31/2019 **Date Expires** 10/31/2021