



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
 BREATH ALCOHOL PROGRAM
INTOX DMT MAINTENANCE REPORT

RECEIVED
 By Tracy Crews at 8:56 am, Jun 03, 2021

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 500129	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 05/28/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 2920 N. Shamrock, Jefferson City		TIME OF INSPECTION 10:11:40

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.

<input checked="" type="checkbox"/> DIAGNOSTIC RECORD
DATE AND TIME <u>05/28/2021 10:11:43</u> <input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM <input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°C</u> <input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>46.0°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
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u> LOT # <u>AG102002</u> EXP. DATE <u>01/20/2023</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.

<input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
<input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1: 0.098	TEST 2: 0.097	TEST 3: 0.098
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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
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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)

Detector Block and Filters cleaned. Digital POTs mod performed. External Memory Replaced and corrupted file removed. Instrument calibrated and standard change performed. *Time updated +9min*

INSPECTING OFFICER

SIGNATURE <i>J. Cleveland</i>	PRINT FULL NAME JIMMY L CLEVELAND	
TYPE II PERMIT NUMBER 210096	EXPIRATION DATE 05/18/2023	TELEPHONE NUMBER 573-751-4722

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

CALIBRATION FACTORS

Missouri State Highway Patrol
INTOX dmt: 500129

Date: 05/26/2021
Time: 13:30:03

OPERATOR NAME:
JIMMY L CLEVELAND
PERMIT NUMBER: 210096
EXPIRATION DATE: 05/18/2023

LOT #: 21080
SUPPLIER: GUTH
EXPIRATION: 03/08/2023

Ca	=	0.1000			
ADJ	=	1.012053	0.800	<=	ADJ < 1.200
b1	=	0.0006	0.0000	<=	b1 < 0.0040
b2	=	0.0034	0.0010	<=	b2 < 0.0100
b3	=	0.0003	0.0000	<=	b3 < 0.0040
Xq	=	0.0815	0.0500	<=	Xq < 0.2500
a21	=	1.122218	1.050	<=	a21 < 1.300
a31	=	0.559223	0.300	<=	a31 < 0.800

A handwritten signature in black ink, appearing to read 'J. Cleveland' or similar, located at the bottom left of the page.

STANDARD CHANGE

Missouri State Highway Patrol
INTOX dmt: 500129

Date: 05/28/2021
Time: 10:07:45

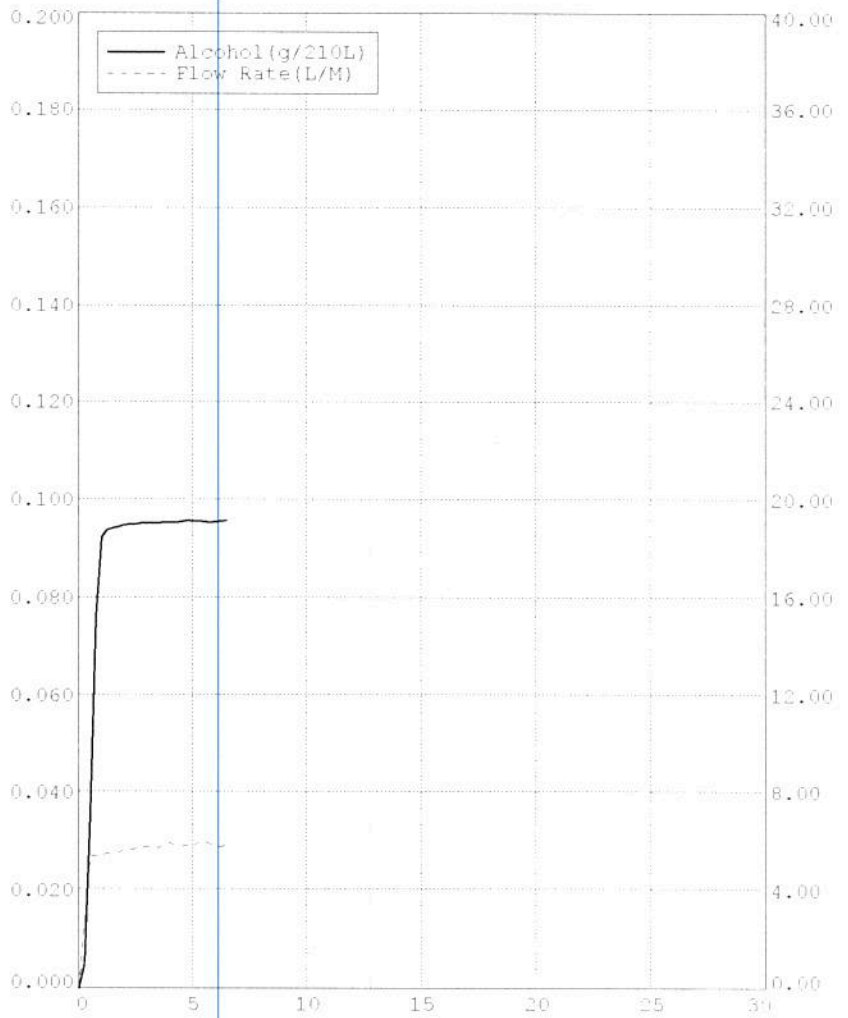
OPERATOR NAME:
JIMMY L CLEVELAND
PERMIT NUMBER: 210096
EXPIRATION DATE: 05/18/2023

LOT #: AG102002
SUPPLIER: INTOXIMETERS
EXPIRATION: 01/20/2023
SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION
CONCENTRATION: 0.100
TARGET: 0.098

BLANK TEST	0.000	10:08
INTERNAL STANDARD	VERIFIED	10:08
EXTERNAL STANDARD	0.096	10:09
BLANK TEST	0.000	10:09

Average = 0.0960
Std Dev = 0.0000
Spread = 0.0000



Handwritten signature



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: 21-Jan-2021

Lot # AG102002 Model 108cacd

Exp. Date

20-Jan-2023

Cyl. Type

108

Component

Ethanol
Nitrogen

Certified Concentration

0.100 ± 2% BrAC (260 ppm)
Balance

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

RGM Serial No.

EB0010581

EB0010570

EB0010285

EB0010561

EB0010681

Concentration

392.1 ppm

259.8 ppm

208.0 ppm

103.6 ppm

52.12 ppm

RGM Serial No.

EB0010603

EB0010559

EB0010595

EB0010562

EB0010579

Concentration

393.0 ppm

258.2 ppm

208.3 ppm

104.2 ppm

52.81 ppm

CRM Serial No.

CC727481

CC727496

Concentration

800.0 ppm

253.0 ppm

CRM Serial No.

CC727493

CC727498

Concentration

390.0 ppm

150.0 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control
Date: 2021.01.27 14:59:44 -06:00
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



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **21080** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 10, 2021**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1214%** (w/vol) ethyl alcohol. The expiration date for this lot number is **March 8, 2023** 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

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PERMIT
TYPE II
JIMMY L. CLEVELAND

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

ALCO-SENSOR IV WITH PRINTER, 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 5/18/2021

NUMBER 210096

EXPIRES 5/18/2023

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 CLEVELAND, JIMMY
Permit No 210096
Date Issued 5/18/2021 **Date Expires** 5/18/2023