



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

RECEIVED
By Tracy Crews at 12:03 pm, Jul 02, 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 500263	NAME OF AGENCY Troy Police Department	DATE OF INSPECTION 06/15/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 800 Cap-A-Gris, Troy		TIME OF INSPECTION 15:53:03

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>06/15/2021 15:53:05</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>46.1°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>21080</u> EXP. DATE <u>03/08/2023</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u>	SIM. SN <u>SD2505</u> SIM. NIST EXP DATE <u>07/16/2021</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: 0.099	TEST 2: 0.100	TEST 3: 0.101
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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: 5	.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)

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME BERNIE CLAYTON	
TYPE II PERMIT NUMBER 210123	EXPIRATION DATE 06/11/2023	TELEPHONE NUMBER 636-528-4725

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



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 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°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 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.



314 North Pearl Street • Albany, New York 12207 • 800-848-4983 • (518) 434-4546 • Fax (518) 434-0891

**CERTIFICATE OF ANALYSIS
ALCOHOL REFERENCE SOLUTION FOR SIMULATOR**

Lot No: 21080 Exp. Date: 3/8/2023

This Alcohol Reference for Simulator was received on 3/12/2021 and tested on a Gas Chromatograph by Marie Gemmill according to the standard procedure Alcohol Reference Solution-1, and found to contain 0.1194 % \leq 0.00124 (wt/vol) Ethyl Alcohol. The Alcohol and water used in this solution were free of test interfering substances.

A contemporaneous record has been kept in the regular and normal course of business for the date of testing, material tested, test conducted, individuals conducting the testing and the results.

Laboratory Reference: 210312058

QA Manager:

A handwritten signature in black ink, appearing to read "Chris Hess", written over a horizontal line.

Christopher Hess

Laboratory Director:

A handwritten signature in black ink, appearing to read "Tara Daniels", written over a horizontal line.

Tara Daniels

Report Date:

3/24/21



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BLOOD ALCOHOL TEST REPORT - INTOX DMT

FORM #11

LOCATION OF INSTRUMENT 800 Cap-A-Gris, Troy	INSTRUMENT SERIAL NUMBER 500263	DATE OF TEST 06/15/2021	TIME OBSERVATION PERIOD STARTED 15:30	TIME OF TEST 16:03:27
SUBJECT NAME BLANK TEST			DATE OF BIRTH 01/01/0001	
SUBJECT DRIVER'S LICENSE NUMBER 0123456789			STATE	
ARRESTING OFFICER BERNIE CLAYTON		ARRESTING OFFICER ID 131		
OPERATOR BERNIE CLAYTON		OPERATOR PERMIT 210123	PERMIT EXP DATE 06/11/2023	
OBSERVER BERNIE CLAYTON		OBSERVER PERMIT 210123	PERMIT EXP DATE 06/11/2023	

OPERATIONAL CHECKLIST: INTOX DMT

- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by BERNIE CLAYTON. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.
- 3. Assure that the power switch is ON and the screen is displaying "Ready <Push Run>".
- 4. Press the Run button on the display screen.
- 5. Enter subject and officer information.
- 6. When display reads "Please Blow" and gives audible beep, insert mouthpiece and take the subject's breath sample.

SUBJECT TEST RESULTS

BLANK TEST	0.000	16:04
INTERNAL STANDARD	VERIFIED	16:04
SUBJECT SAMPLE (Vol=3.07L)	0.000	16:05
BLANK TEST	0.000	16:05

— Alcohol (g/210L)
- - - - - Flow Rate (L/M)

COMMENTS
Blank Test

CERTIFICATION BY OPERATOR		BAC 0.000
As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:		
<input checked="" type="checkbox"/> 1. There was no deviation from the procedure approved by the department. <input checked="" type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly. <input checked="" type="checkbox"/> 3. I am authorized to operate the instrument.		
SIGNATURE OF OPERATOR 	DATE 06/15/2021	
WITNESS (IF ANY)	DATE 06/15/2021	



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

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PERMIT
TYPE II
BERNIE CLAYTON

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 6/11/2021

NUMBER 210123

EXPIRES 6/11/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 **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 CLAYTON, BERNIE
 Permit No 210123
 Date Issued 6/11/2021 Date Expires 6/11/2023

