



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

RECEIVED
By Tracy Crews at 9:09 am, Sep 26, 2022

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 500247	NAME OF AGENCY Sedalia PD	DATE OF INSPECTION 09/22/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 300 W 3rd St, Sedalia MO, 65301		TIME OF INSPECTION 15:24:04

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>09/22/2022 15:24:06</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>47.7°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>21380</u> EXP. DATE <u>09/13/2023</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u>	SIM. SN <u>SD2306</u> SIM. NIST EXP DATE <u>05/03/2023</u>

<input checked="" type="checkbox"/> 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: 0.100	TEST 2: 0.100	TEST 3: 0.099
---------------	---------------	---------------

<input checked="" type="checkbox"/> 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: 1	.10-.14: 5	.15-.19: 4	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)

conforms to DOH guidelines

INSPECTING OFFICER		
SIGNATURE 	PRINT FULL NAME ANDREW SILVEY	
TYPE II PERMIT NUMBER 210272	EXPIRATION DATE 11/26/2023	TELEPHONE NUMBER 660-826-8100

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



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Paula Nickelson
Acting Director



Michael L. Parson
Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: SD2306 **Manufacturer:** Guth
Model Number: 10-4D
Agency: SEDALIA PD
Agency Address: 201 W. 2ND ST, SEDALIA, MO 65301

NIST THERMOMETER INFORMATION

Serial Number: 17KMM00690 **Bias:** 0.01
Uncertainty: 0.02
Date of Certification: 11/10/2021 **Date of Expiration:** 11/10/2022

ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

VERIFICATION RESULTS

<u>Simulator Average</u>	<u>NIST Average</u>	<u>Combined Uncertainty</u>
34.00	34.00	.03

The combined uncertainty is calculated with a k=2 value.

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 5/3/2022
Certification Expiration: 5/3/2023
Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: SD2306_532022

X

DHSS BAP Scientist Approving



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 **21380** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 15, 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 **September 13, 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



PERMIT
TYPE II
ANDREW M. SILVEY

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 11/26/2021

NUMBER 210272

EXPIRES 11/26/2023

Laura P. Day
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald S. Keenan
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

1 AB-3 (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 **SILVEY, ANDREW**
Permit No **210272**
Date issued **11/26/2021** Date Expires **11/26/2023**

