

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

#### INTOX DMT MAINTENANCE REPORT

**REPORT #1** 

Complete this report wi	the time of the regular mo henever the instrument is send a copy within 15 day	serviced or repaired and	whenever it is placed int	ed 35 days). o service.		
INTOX DMT SN         NAME OF AGENCY           500257         St. James Police Dept				DATE OF INSPECTION 06/10/2022		
LOCATION OF INSTRUMENT (STREET AND CITY) 200 N. Bourbeuse Street, St. James, MO 65559				TIME OF INSPECTION 19:21:28		
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.						
I DIAGNOSTIC RECORD						
DATE AND TIME 06/10/2022 19:21:30						
PROGRAM			S FILTER 1			
SAMPLE CHAMBER 48.8°C SITER 2						
BREATH TUBE 44.6°C						
DUMP	Server and the	INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS						
SIMULATOR S	TANDARD				HANOL-GAS MIXTURE	
STANDARD SUPP	LIER GUTH	LOT #	20420	EXP. DATE 09	9/22/2022	
SIMULATOR TEMP	P (34°C ± 0.2°C) 34.0	SIM. SN	MP2927 S	IM. NIST EXP DATE	10/20/2022	
<ul> <li>0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</li> <li>0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</li> <li>0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</li> </ul>						
TEST 1: 0.098		TEST 2: 0.097		TEST 3: 0.097		
PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS: 0	004: <b>0</b>	.0509: <b>0</b>	.1014: 2	.1519: 1	OVER .19: 0	
LIST ANY NEW PARTS AND DES ESTABLISHED LIMITS (USE OTH	CRIBE ANY ALTERATION OR MOD ER SIDE IF NECESSARY)	IFICATION THAT WAS MADE TO F	RESTORE THE INSTRUMENT TO C	PERATE SATISFACTORILY AN	ID WITHIN	
THIS INSTRUMENT CONFORMS TO DHSS STANDARDS						
INSPECTING OFFICER						
SIGNATURE	ilal		CHRISTOPHER W	PIGG		
	μι	EXPIRATION DATE 03/16/2024	TELEPHONE NUMB 573-265-70			
RETURN COMPLETE	D	reath Alcohol Program, y mail, fax, or email	Missouri Department of H	Health and Senior Ser	vices	
0 580-2898 (5-19) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER LAB-166 services provided on a nondiscriminatory basis						



## 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  $34^{\circ}C$  +/- .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.

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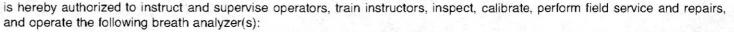
Ted L. Pauley, President GUTH LABORATORIES, INC.

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.



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# **PERMIT** TYPE II CHRISTOPHER PIGG



### **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.

Laura I Nay

NUMBER 220090

UNDER 220070

EXPIRES 3/16/2024

MO 580-0771 (6-10)

Danla I. nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB-4 (R6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY