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By Brian Lutmer at 4:21 pm, Jul 18, 2022

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the regular monthly post complete this report whenever the instrument is serviced. Retain the original and send a copy within 15 days to the	d or repaired and v	vhenever it is placed		
NAME OF AGENCY 500257 NAME OF AGENCY St. James Police Dept			DATE OF INSPECTION 07/14/2022	
LOCATION OF INSTRUMENT (STREET AND CITY) 200 N. Bourbeuse Street, St. James, MO 65559			TIME OF INSPECTION 16:56:51	
CHECKLIST: Place a mark in the box by each item if fo values where determined). Unmarked items must be cor	und to be satisfact rected before usin	tory or is operating w g instrument.	ithin established limits. (Wr	ite in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME 07/14/2022 16:56:53				
☑ PROGRAM ☑ FILTER 1				
SAMPLE CHAMBER 48.8°C				
☑ BREATH TUBE 45.7°C ☑ FILTER 3				
☑ PUMP	INTERNAL STANDARD			
BREATH ANALYZER ACCURACY STANDARDS				
☑ SIMULATOR STANDARD		COMPRESSED ETHANOL-GAS MIXTURE		
☑ STANDARD SUPPLIER GUTH	LOT#_2	20420	EXP. DATE <u>09/22/2022</u>	
	SIM. SN_	MP2927	SIM. NIST EXP DATE _	10/22/2022
 □ CALIBRATION CHECK - (ONLY ONE STANDAR Run three tests using a standard. All three tests must of .005 or less. Mark the box corresponding to the sign of .005 or less. Mark the box corresponding to the sign of .005 or less. Mark the box corresponding to the sign of .005 or less. Mark the box corresponding to the sign of .005 standard - MUST READ BETWEET .0008 STANDARD - MUST READ BETWEET .0009 	standard being use EEN 0.095% AND EEN 0.076% AND EEN 0.038% AND	ed. 0.105% INCLUSIVE 0.084% INCLUSIVE	<u>:</u> <u>:</u>	A
TEST 1: 0.096 TEST	TEST 3: 0.097			
PERFORM R.F.I. TEST	***************************************			
INDICATE THE NUMBER OF BREATH TESTS IN T	HE FOLLOWING	RANGES SINCE		
REFUSALS: 0 004: 2 .0509 LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION		.1014: 0	.1519: 0	OVER .19: 0
ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) THIS INSTRUMENT CONFORMS TO DHSS STANDARDS.				
INSPECTING OFFICER				
SIGNATURE /// ////		PRINT FULL NAME CHRIS W PIGG ITELEPHONE NUMBER		
220090	03/16/2024		572-265-7012	
	Alcohol Program, I fax, or email	Missouri Department	of Health and Senior Servi	ices



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE || CHRISTOPHER PIGG

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.

Laura & Nay		
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
Paula J. McCollson RECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		

MO 580-0771 (6-10)

LAB-4 (R6-10)



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°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.