



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

**RECEIVED**

By Tracy Crews at 7:36 am, Jul 20, 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<br><b>500268</b>   | NAME OF AGENCY<br><b>Fayette Police Dept.</b> | DATE OF INSPECTION<br><b>07/19/2022</b> |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><b>100 N. Mulberry, Fayette</b> |   | TIME OF INSPECTION<br><b>13:23:35</b>   |

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"/> <b>DIAGNOSTIC RECORD</b>     |  |
| DATE AND TIME <u>07/19/2022 13:23:37</u>                         | <input checked="" type="checkbox"/> <b>DETECTOR</b>          |
| <input checked="" type="checkbox"/> <b>PROGRAM</b>               | <input checked="" type="checkbox"/> <b>FILTER 1</b>          |
| <input checked="" type="checkbox"/> <b>SAMPLE CHAMBER 48.7°C</b> | <input checked="" type="checkbox"/> <b>FILTER 2</b>          |
| <input checked="" type="checkbox"/> <b>BREATH TUBE 46.2°C</b>    | <input checked="" type="checkbox"/> <b>FILTER 3</b>          |
| <input checked="" type="checkbox"/> <b>PUMP</b>                  | <input checked="" type="checkbox"/> <b>INTERNAL STANDARD</b> |

|  |   |
|--|---|
| <b>BREATH ANALYZER ACCURACY STANDARDS</b>          |   |
| <input type="checkbox"/> <b>SIMULATOR STANDARD</b> | <input checked="" type="checkbox"/> <b>COMPRESSED ETHANOL-GAS MIXTURE</b> |

|   |                              |                                    |
|---|------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> <b>STANDARD SUPPLIER</b> <u>INTOXIMETER</u> | <b>LOT #</b> <u>AG130104</u> | <b>EXP. DATE</b> <u>10/28/2023</u> |
|---|------------------------------|------------------------------------|

|   |                           |                                 |
|---|---------------------------|---------------------------------|
| <input type="checkbox"/> <b>SIMULATOR TEMP (34°C ± 0.2°C)</b> _____ | <b>SIMULATOR SN</b> _____ | <b>SIMULATOR EXP DATE</b> _____ |
|---|---------------------------|---------------------------------|

|  |  |
|--|--|
| <input checked="" type="checkbox"/> <b>CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b><br>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"/> <b>0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</b>  |  |
| <input type="checkbox"/> <b>0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</b>   |  |
| <input type="checkbox"/> <b>0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</b>   |  |

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <b>TEST 1: 0.096</b> | <b>TEST 2: 0.097</b> | <b>TEST 3: 0.097</b> |
|----------------------|----------------------|----------------------|

|  |
|--|
| <input checked="" type="checkbox"/> <b>PERFORM R.F.I. TEST</b> |
|--|

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

|                    |                 |                   |                   |                   |                    |
|--------------------|-----------------|-------------------|-------------------|-------------------|--------------------|
| <b>REFUSALS: 0</b> | <b>0-.04: 0</b> | <b>.05-.09: 0</b> | <b>.10-.14: 0</b> | <b>.15-.19: 0</b> | <b>OVER .19: 0</b> |
|--------------------|-----------------|-------------------|-------------------|-------------------|--------------------|

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)

msc test

|  |   |
|--|---|
| <b>INSPECTING OFFICER</b>              |   |
| SIGNATURE<br>                          | PRINT FULL NAME<br><b>RYAN SCHILDKNECHT</b> |
| TYPE II PERMIT NUMBER<br><b>210253</b> | EXPIRATION DATE<br><b>11/12/2023</b>        |
|  | TELEPHONE NUMBER<br><b>660-543-4573</b>     |

RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services  
Southeast District Office  
2875 James Blvd, Poplar Bluff, MO 63901

CALIBRATION FACTORS

-----  
Fayette Police Dept.  
INTOX dmt: 500268  
-----

Date: 07/19/2022  
Time: 13:15:51

OPERATOR NAME:  
RYAN SCHILDKNECHT  
PERMIT NUMBER: 210253  
EXPIRATION DATE: 11/12/2023

LOT #: 21380  
SUPPLIER: GUTH  
EXPIRATION: 09/13/2023

|                |                       |
|----------------|-----------------------|
| Ca = 0.1000    |                       |
| ADJ = 0.959017 | 0.800 <= ADJ < 1.200  |
| b1 = 0.0004    | 0.0000 <= b1 < 0.0040 |
| b2 = 0.0039    | 0.0010 <= b2 < 0.0100 |
| b3 = 0.0001    | 0.0000 <= b3 < 0.0040 |
| Xq = 0.0797    | 0.0500 <= Xq < 0.2500 |
| a21 = 1.130850 | 1.050 <= a21 < 1.300  |
| a31 = 0.447714 | 0.300 <= a31 < 0.800  |

*[Handwritten signature]*



**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°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.



**Airgas USA LLC (LAB)**  
 3500 Bernard Street  
 St. Louis, Mo. 63103  
 Ph: (314) 533-3100  
 Fax: (314) 533-7328

## Certificate of Analysis

**Test Date:** 1-Nov-2021

**Customer Name**  
 Exclusive Supplier  
 Intoximeters, Inc.  
 2081 Craig Road  
 St. Louis, Mo 63146

**Lot #** AG130104 **Model** 108

|                                |                         |   |   |
|--------------------------------|-------------------------|---|---|
| <b>Exp Date</b><br>28-Oct-2023 | <b>Cyl. Type</b><br>108 | <b>Component</b><br>Ethanol<br>Nitrogen | <b>Certified Concentration</b><br>0.100 ± 2% BrAC (260 ppm) |
|--------------------------------|-------------------------|---|---|

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

| RGM Serial No. | Concentration | RGM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| EB0010581      | 392.1 ppm     | EB0010603      | 393.0 ppm     |
| EB0010570      | 259.8 ppm     | EB0010559      | 258.2 ppm     |
| EB0010285      | 208.0 ppm     | EB0010595      | 208.3 ppm     |
| EB0010561      | 103.6 ppm     | EB0010562      | 104.2 ppm     |
| EB0010681      | 52.12 ppm     | EB0010579      | 52.81 ppm     |

| CRM Serial No. | Concentration | CRM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| CC434668       | 800.0 ppm     | 0056649        | 390.1 ppm     |
| CC234503       | 253.0 ppm     | 0056662        | 150.2 ppm     |

**Analytical Method:** NDIR

Digitally signed by:Quality Control  
 Reason:Dry gas standard certification of analysis  
 Location:Airgas USA LLC (Lab)  
 Date:11.05.2021 11:46

**Approved for Release:**   
 Rod Marsala

**ISO 17025:2017 A2LA accredited. Certificate Number 3082.06**  
**ISO 17034:2016 A2LA accredited. Certificate Number 3082.07**



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



**PERMIT  
 TYPE II**

**RYAN SCHILDKNECHT**

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, INTOXILYZER 8000, INTOX EC/IR II, ASIV W/PRINTER**

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 11/12/2021

NUMBER 210253

EXPIRES 11/12/2023

MO 580-0771 (6-10)

*Laura E. Noy*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Kamm*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 SCHILDKNECHT, RYAN  
 Permit No 210253  
 Date Issued 11/12/2021 Date Expires 11/12/2023