RECEIVED

By Tracy Crews at 3:56 pm, Jun 03, 2022



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

INTOX DMT	MAINTENANCE R	EPORT					REPORT #
Complete this report at the tim Complete this report wheneve Retain the original and send a	r the instrument is service	ed or repaired and	d whenever it is	placed int			
INTOX DMT SN 500274	NAME OF AGENCY Macon Police Department				DATE OF INSPECTION 05/25/2022		
LOCATION OF INSTRUMENT (STREET AN 301 East Bourke Street, N			TIME OF INSPECTION 05:33:22				
CHECKLIST: Place a mark ir values where determined). Un	the box by each item if marked items must be c	found to be satisfa orrected before us	actory or is opera sing instrument.	ating withi	n established limits	. (Write in observed	
DIAGNOSTIC RECORD							
DATE AND TIME 05/25	☑ DETECTOR						
☑ PROGRAM	☑ FILTER 1						
☑ SAMPLE CHAMBER 48.7°C			☑ FILTER 2				
☑ BREATH TUBE 48.1	☑ FILTER 3						
☑ PUMP	☑ INTERNAL STANDARD						
BREATH ANALYZER ACCU	RACY STANDARDS						
☑ SIMULATOR STANDARD			☐ COMPRESSED ETHANOL-GAS MIXTURE				
☑ STANDARD SUPPLIER	GUTH	LOT#_	21080		EXP. DATE	03/08/2023	
SIMULATOR TEMP (34°C) ■ SIMULATOR TEMP (34°C) ■ TEMP (34°C)	± 0.2°C) 34.0	SIM. SN	SD2668	s	IM. NIST EXP DAT	TE 09/03/2022	
☐ 0.08% STANDAR	Dox corresponding to the D - MUST READ BETV D - MUST READ BETV D - MUST READ BETV	VEEN 0.095% ÅN VEEN 0.076% AN	D 0.105% INCL D 0.084% INCL	USIVE			
TEST 1: 0.096 TEST 2: 0.097			TEST 3: 0.097				
PERFORM R.F.I. TEST							
INDICATE THE NUMBER O	F BREATH TESTS IN	THE FOLLOWIN	G RANGES SI	NCE TH	E LAST MAINTEN	IANCE REPORT:	<u></u>
REFUSALS: 0 004:	0 .05	 09: 1	.1014: 0		.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE AI ESTABLISHED LIMITS (USE OTHER SIDE	NY ALTERATION OR MODIFICATION F NECESSARY)	ON THAT WAS MADE TO	RESTORE THE INSTR	RUMENT TO C	PERATE SATISFACTORIL	NIHTIW DNA Y	
INSPECTING OFFICER SIGNATURE TYPE II PERMIT AUMBER		EXPIRATION DATE	PRINT FULL NAME ANDRE A \				
210236 °		10/20/2023		0-385-21			
RETURN COMPLETED REF	Diegui	Alcohol Program, I, fax, or email	Missouri Depar	tment of l	Health and Senior S	Services	
MO 580-2898 (5-19)	∆N.I	OHAL OPPORTUNITY/AF	FIRMATIVE ACTION 6	MPLOYEP			



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 Cerillians Reference Standard for 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.

EXPIRES 10/20/2023

NUMBER 210236

DATE

10/20/2021



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

TERES.

TYPE =

ANDRE A. WILLIAMS

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.

DIRECTION OF STATE PUBLIC HEALTH LABORATORY

Court S. Kaura

DIRECTOR OF DEPARTMENT OF HEALTH AND SENJOR SERVICES