



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
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 500287	NAME OF AGENCY Glendale Police Department	DATE OF INSPECTION 04/02/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 424 N. Sappington Road, Glendale, MO 63122		TIME OF INSPECTION 01:13:30

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.

 DIAGNOSTIC RECORD

DATE AND TIME <u>04/02/2022 01:13:33</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>45.8°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>21080</u> EXP. DATE <u>03/08/2023</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u>	SIM. SN <u>MP4949</u> SIM. NIST EXP DATE <u>01/07/2023</u>

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.

0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE

0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1: 0.099	TEST 2: 0.099	TEST 3: 0.100
<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: 1	.05-.09: 0	.10-.14: 0	.15-.19: 0	OVER .19: 0
-------------	----------	------------	------------	------------	-------------

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)

Instrument operates within the Department of Health specifications.

## INSPECTING OFFICER

SIGNATURE <i>M.A. Mason</i>	PRINT FULL NAME MATTHEW A MASON	
TYPE II PERMIT NUMBER 210004	EXPIRATION DATE 01/07/2023	TELEPHONE NUMBER 314-909-3057

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



**GUTH LABORATORIES, INC.**

530 NORTH 57th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-694-5470

## 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 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.*



Missouri Department of Health and Senior Services  
 P.O. Box 572, Jefferson City, MO 64103-0570 Phone: 573-751-0200 FAX: 573-751-5310  
 RELAY MISSOURI for Hearing and Speech Losses 1-800-735-2269 VOICE 1-800-735-2266  
 Randall W. Williams, MD, FACOG  
 Director



Michael L. Parsons  
 Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

Simulator Serial Number: MP4949 Manufacturer: Guth  
 Model Number: 12V500  
 Agency: GLENDALE PD  
 Agency Address: 424 N SAPPINGTON ROAD, GLENDALE, MO 63122

## NIST THERMOMETER INFORMATION

Serial Number: 17KMM00590 Date: 0.00  
 Uncertainty: 0.02  
 Date of Certification: 10/10/2019 Date of Expiration: 10/10/2020

## ENVIRONMENTAL CONDITIONS

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

## VERIFICATION RESULTS

Simulator Average	NIST Average	Combined Uncertainty
34.00	34.01	.03

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

## ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 7/7/2020  
 Certification Expiration: 7/7/2021  
 Simulator testing technician: M. BOND

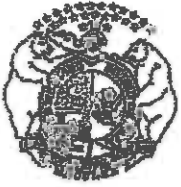
Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER  
 Certification No: MP4949\_772020

*Brian Lutmer*

DHSS BAP Scientist Approving



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

2

PERMIT  
TYPE II

**MATTHEW A. MASON**

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 308.111 through 308.119 RSMo.

DATE 1/7/2021

NUMBER 210004

EXPIRES 1/7/2023

*[Signature]*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MD 620-0771 (6-10)

L/8-4 (06-10)

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

**INSTRUMENT OPERATOR CARD**

The named operator is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath from of expired air in Missouri.

Operator **MASON, MATTHEW**  
Permit No **210004**  
Date Issued **1/7/2021** Date Expires **1/7/2023**

