



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

**INTOX EC/IR II MAINTENANCE REPORT**

REPORT #3

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 EC/IR II SN<br>12839 | NAME OF AGENCY<br>CRYSTAL CITY POLICE | DATE OF INSPECTION<br>06/16/2024 |
|----------------------------|---------------------------------------|----------------------------------|

|  |                                 |
|--|---------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>130 Mississippi Ave Crystal City | TIME OF INSPECTION<br>06:57 CDT |
|--|---------------------------------|

**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> |  |
| <input checked="" type="checkbox"/> BLANK CHECK              | <input checked="" type="checkbox"/> CO2 CHECK      |
| <input checked="" type="checkbox"/> FC 1 TEMP                | <input checked="" type="checkbox"/> FLOW CHECK     |
| <input checked="" type="checkbox"/> SRC TEMP                 | <input checked="" type="checkbox"/> FCB CHECK      |
| <input checked="" type="checkbox"/> DET TEMP                 | <input checked="" type="checkbox"/> CRC COMP CHECK |
| <input checked="" type="checkbox"/> BT TEMP                  | <input checked="" type="checkbox"/> CRC CAL CHECK  |
| <input checked="" type="checkbox"/> STD 2 TEMP               | <input checked="" type="checkbox"/> PRINT TEST     |
| <input checked="" type="checkbox"/> ETH CHECK                |  |

**BREATH ANALYZER ACCURACY STANDARDS**

|   |   |
|---|---|
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION                          | <input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER Guth Laboratories         | LOT# 23390 EXP. DATE 10/17/2025                         |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C)<br>34C +/- .2C | SIM. SN DR3772 SIM. NIST EXP DATE 11/22/2024            |

**CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)**

Run three tests using a standard solution. 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 solution being used.

|  |
|--|
| <input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE |
| <input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE            |
| <input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE            |

|                     |                     |                     |
|---------------------|---------------------|---------------------|
| TEST 1 0.098 g/210L | TEST 2 0.099 g/210L | TEST 3 0.100 g/210L |
|---------------------|---------------------|---------------------|

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

|            |         |           |           |           |            |
|------------|---------|-----------|-----------|-----------|------------|
| REFUSALS 0 | 0-.04 0 | .05-.09 0 | .10-.14 0 | .15-.19 1 | 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).

NONE

|                                 |                                      |
|---------------------------------|--------------------------------------|
| <b>INSPECTING OFFICER</b>       |                                      |
| SIGNATURE<br>▶ PW.J.L. #219     | PRINT FULL NAME<br>JACK MONTGOMERY   |
| TYPE II PERMIT NUMBER<br>240123 | TELEPHONE NUMBER<br>( 636 ) 937-4601 |
| EXPIRATION DATE<br>05/29/2026   |                                      |

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



# 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 **23390** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 18, 2023**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1207%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 17, 2025** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ ; this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L**  $\pm$  3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

*Brilliant Reference Standard lot number FN03072301 whose quality is certified by an outside agency using NIST traceable weights. Prior to each use utilizing NIST traceable weights.*

### CERTIFIED ALCOHOL REFERENCE SOLUTION FOR SIMULATOR

|          |           |           |
|----------|-----------|-----------|
| 23390    | 10/17/23  | 10/17/25  |
| LOT NO.  | MFG. DATE | EXP. DATE |
| 275 Gal  | 500 ML    |           |
| LOT VOL. | BOT. VOL. | BOT. NO.  |

When this reference solution is used with a breath simulator certified by Guth Laboratories, Inc., a properly operating instrument will read 0.10.

For additional information contact:  
Guth Laboratories, Inc.

590 North 67th Street, Harrisburg, PA 17111  
Toll Free 800-233-2338

Rev. 12/19

www.guthlabs.com





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



**PERMIT**  
**TYPE II**  
**JACK MONTGOMERY**

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 EC/IR II**

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 5/29/2024

NUMBER 240123

EXPIRES 5/29/2026

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nielson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



**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 MONTGOMERY, JACK  
 Permit No 240123  
 Date Issued 5/29/2024 Date Expires 5/29/2026

