

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						
	. Retain the original and send a copy within 15 days to the					
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION			
12839	CRYSTAL CITY POLICE		09/08/2024			
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION			
130 Mississippi Ave Crystal Cit	-1	06:29 CDT				
CHECKLIST: Place a mark in the box established limits. (Write in obser	-					
before using instrument.	ived values where de	cermined). Ommar	ked Items mast be	corrected		
X DIAGNOSTIC RECORD		**		· · · · ·		
X BLANK CHECK	CO2 CHECK	X CO2 CHECK				
X FC 1 TEMP		X FLOW CHECK				
X SRC TEMP		X FCB CHECK				
X DET TEMP		X CRC COMP CHECK				
X BT TEMP		X CRC CAL CHECK				
X STD 2 TEMP X PRINT TEST						
X ETH CHECK		<b></b>	<u>-</u>			
BREATH ANALYZER ACCURACY STANDA	ARDS					
X SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE						
X STANDARD SUPPLIER Guth I	LOT# 23390	23390 EXP. DATE 10/17/2025				
X SIMULATOR TEMP (34°C +0.2°C)	SIM. S	SN SN	SIM. NIST EXP	DATE		
34C +/2C	DR3772	<u>,</u>	11/22/2024			
X CALIBRATION CHECK - (ONLY ONE	1 1 1		1 ' '			
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.  X 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 0.097 g/210L TEST 2 0.098		g/210L	TEST 3 9 0.098 g/210L			
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS 1 004 20	.0509 1	.1014 1	.1519 0	OVER .19	1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE SATISFACTORILY AND WITHIN ESTABLISHED LI			STORE THE INSTRUMENT	TO OPERATE		
SATISFACIORILI AND WITHIN ESTABLISHED DI	IMIIS (USE OTHER SIDE I	IF NECESSARI),				
SEPT MAINT						
INSPECTING OFFICER						
SIGNATURE #		PRINT FULL NAME				
TYPE II PERMIT NUMBER EXPIRATION DATE		JACK MONTGOMERY TELEPHONE NUMBER				
240123   DEFINITION DATE   05/29/2026		( 636 ) 937-4601				
	·					
RETURN COMPLETED REPORT TO THE:						
Breath Alcohol Program, Missouri Department of Health and Senior Services,						
by mail, fax, or e-mail						

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 23390 Alcohol Reference Solution for Simulator were analyzed by 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°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.

590 North 67th Street, Harrisburg, PA 17111 For additional information contact certified by Guth Laboratories, Inc., a properly operating When this reference solution is used with a breath simulator ERTIFIED ALCOHOL REFERENCE SOLUTION FOR SIMULATOR MFG. DATE

Ted L. Pauley, President

GUTH LABORATORIES, INC.

rilliant Reference Standard lot number FN03072301 whose

ually by an outside agency using NIST traceable weights. irior to each use utilizing NIST traceable weights.



www.guthlabs.com



MO 580-0771 (6-10)

## STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



LAB-4 (R6-10)

# PERMIT

## **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



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired a in Missouri.

Operator MONTGOMERY, JACK

Permit No 240123 Date Issued 5/29/2024

Date Expires 5/29/2026

