



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<br><b>500007</b>   | NAME OF AGENCY<br><b>St Louis County Intake</b> | DATE OF INSPECTION<br><b>06/01/2024</b> |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><b>100 S. Central, Clayton MO</b> |   | TIME OF INSPECTION<br><b>15:06:42</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.

**DIAGNOSTIC RECORD**

|  |   |
|--|---|
| DATE AND TIME <u>06/01/2024 15:06:44</u>                         | <input checked="" type="checkbox"/> DETECTOR          |
| <input checked="" type="checkbox"/> PROGRAM                      | <input checked="" type="checkbox"/> FILTER 1          |
| <input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u> | <input checked="" type="checkbox"/> FILTER 2          |
| <input checked="" type="checkbox"/> BREATH TUBE <u>48.1°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>23390</u> EXP. DATE <u>10/17/2025</u>             |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> | SIM. SN <u>SD2671</u> SIM. NIST EXP DATE <u>05/23/2025</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: <b>0.099</b> | TEST 2: <b>0.100</b> | TEST 3: <b>0.100</b> |
|----------------------|----------------------|----------------------|

**PERFORM R.F.I. TEST**

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

|                    |                 |                   |                   |                   |                    |
|--------------------|-----------------|-------------------|-------------------|-------------------|--------------------|
| REFUSALS: <b>1</b> | 0-.04: <b>0</b> | .05-.09: <b>0</b> | .10-.14: <b>0</b> | .15-.19: <b>0</b> | OVER .19: <b>2</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)

no deviation // delayed due to simulator recertification

**INSPECTING OFFICER**

|                               |  |
|-------------------------------|--|
| SIGNATURE<br><i>C. Wardin</i> | PRINT FULL NAME<br><b>CHARLES A WARDIN</b> |
|-------------------------------|--|

|  |                                      |   |
|--|--------------------------------------|---|
| TYPE II PERMIT NUMBER<br><b>220291</b> | EXPIRATION DATE<br><b>12/27/2024</b> | TELEPHONE NUMBER<br><b>314-615-7101</b> |
|--|--------------------------------------|---|

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



Paula Nickelson  
 Acting Director

Michael L. Parson  
 Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

Simulator Serial Number: SD2671      Manufacturer: Guth  
 Model Number: 10-4D  
 Agency: ST LOUIS CO DEPT OF JUSTICE SVCS  
 Agency Address: 7900 FORSYTH BLVD, CLAYTON, MO 63105

## NIST THERMOMETER INFORMATION

Serial Number: 17KMM00690      Bias: 0.00  
 Uncertainty: 0.02  
 Date of Certification: 10/27/2023      Date of Expiration: 10/27/2024

## ENVIRONMENTAL CONDITIONS

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

## VERIFICATION RESULTS

| <u>Simulator Average</u> | <u>NIST Average</u> | <u>Combined Uncertainty</u> |
|--------------------------|---------------------|-----------------------------|
| 34.00                    | 33.99               | .03                         |

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

## ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 5/23/2024  
 Certification Expiration: 5/23/2025  
 Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO  
 Certification No: SD2671\_5232024

**X** *Brianna Medrano*

DHSS BAP Scientist Approving





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

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**PERMIT**  
**TYPE II**  
**CHARLES A. WARDIN**

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.

DATE 12/27/2022

NUMBER 220291

EXPIRES 12/27/2024

*Mike Masman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)

 **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 **WARDIN, CHARLES**  
Permit No **220291**  
Date Issued **12/27/2022** Date Expires **12/27/2024**

