RECEIVED

By Tracy Crews at 8:48 am, Sep 24, 2024



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 monthl	y preventive maintena	ance check (not to ex	cceed 35 days).	
Complete this report whene Retain the original and send				into service.	
INTOX DMT SN	NAME OF AGENCY	the Breath Alcohol P	logialii, Di 155.	DATE OF INSPECTION	
500007	St Louis County	Intake		09/22/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) 100 S. Central, Clayton MO				1 TIME OF INSPECTION 06:40:37	
CHECKLIST: Place a mar values where determined).	k in the box by each item i Unmarked items must be	f found to be satisfactorrected before using	tory or is operating wing instrument.	vithin established limits. (V	/rite in observed
☑ DIAGNOSTIC RECOR	RD		ē.		
DATE AND TIME 09	/22/2024 06:40:39	5	DETECTOR		
☑ PROGRAM			☑ FILTER 1		
☑ SAMPLE CHAMBER 48.7°C			☑ FILTER 2		
☑ BREATH TUBE 48.1°C			FILTER 3		10
□ PUMP □ INTERNAL STANDARD					
BREATH ANALYZER AC	CURACY STANDARDS				
☑ SIMULATOR STA	NDARD	[COMPRESSED E	ETHANOL-GAS MIXTUR	E
STANDARD SUPPLIER GUTH		LOT#_	24110	EXP. DATE 03	3/05/2026
SIMULATOR TEMP (3	4°C ± 0.2°C) 34.0	SIM. SN	SD2671	SIM. NIST EXP DATE	05/23/2025
☐ 0.08% STAND	DARD - MUST READ BE DARD - MUST READ BE DARD - MUST READ BE	TWEEN 0.076% AND TWEEN 0.038% AND	0.084% INCLUSIV	E E	
TEST 1: 0.099 TEST 2: 0.09				TEST 3: 0.100	
PERFORM R.F.I. TES					
INDICATE THE NUMBER	R OF BREATH TESTS I	N THE FOLLOWING	G RANGES SINCE	THE LAST MAINTENAN	NCE REPORT:
		509: 1	.1014: 2	.1519: 3	OVER .19: 4
LIST ANY NEW PARTS AND DESCRIESTABLISHED LIMITS (USE OTHER: no deviation INSPECTING OFFICER SIGNATURE		ATION THAT WAS MADE TO	PRINT FULL NAME CHARLES A W.		NO WITHIN
TYPE II PERMIT NUMBER		EXPIRATION DATE	TELEPHONE	NUMBER	
220291 RETURN COMPLETED	REPORT TO THE	12/27/2024	314-61		
THE FORM COMMETTED	DIE	ath Alcohol Program, nail, fax, or email	Missouri Departmen	t of Health and Senior Se	rvices



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



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-

2/27/2022

NUMBER 220291

EXPIRES 12/27/2024

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Davla J. Nichelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



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 a in Missouri.

Operator

WARDIN, CHARLES

it No_ 220291

Date Issued 12/27/2022 - Date Expires 12/27/2024





Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466



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

Simulator Average

NIST Average

Combined Uncertainty

34.00

33.99

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

DHSS BAP Scientist Approving

Simulator Calibration Certification

Issued by Lab Manager, DHSS BAP Revision Date: 06/25/2022

Breath Alcohol Program 1903 Northwood Drive, Suite 4 Poplar Bluff, MO 63901

DHSS BAP Document 3.6A Revision 2 Page 1 of 1



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 24110 of
Alcohol Reference Solution for Simulator were analyzed by
gas chromatography on March 6, 2024, using a Perkin Elmer Gas
Chromatograph Autosystem XL S/N: 610N9030209, and found to contain
0.1215% (w/vol) ethyl alcohol. The expiration date for this lot
number is March 5, 2026 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 FN03072301 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.