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By Tracy Crews at 10:05 am, May 06, 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 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 500284	NAME OF AGENCY KIRKSVILLE PD	DATE OF INSPECTION 04/25/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 119 E McPherson, Kirksville MO 63501	TIME OF INSPECTION 10:44:02
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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>04/25/2024 10:44:04</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>44.6°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR STANDARD	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH</u>	LOT # <u>302403025810</u> EXP. DATE <u>04/18/2027</u>
<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____	SIM. SN _____ SIM. NIST EXP DATE _____

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: 0.100	TEST 2: 0.099	TEST 3: 0.099
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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: 2	.10-.14: 0	.15-.19: 2	OVER .19: 0
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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)

Standard Change 4-25-2024 Guth Labs

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME JUAN B CHAIREZ
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TYPE II PERMIT NUMBER 220163	EXPIRATION DATE 06/24/2024	TELEPHONE NUMBER 660-785-6945
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RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email

STANDARD CHANGE

KIRKSVILLE PD  
INTOX dmt: 500284

Date: 04/25/2024  
Time: 10:40:37

OPERATOR NAME:  
JUAN B CHAIREZ  
PERMIT NUMBER: 220163  
EXPIRATION DATE: 06/24/2024

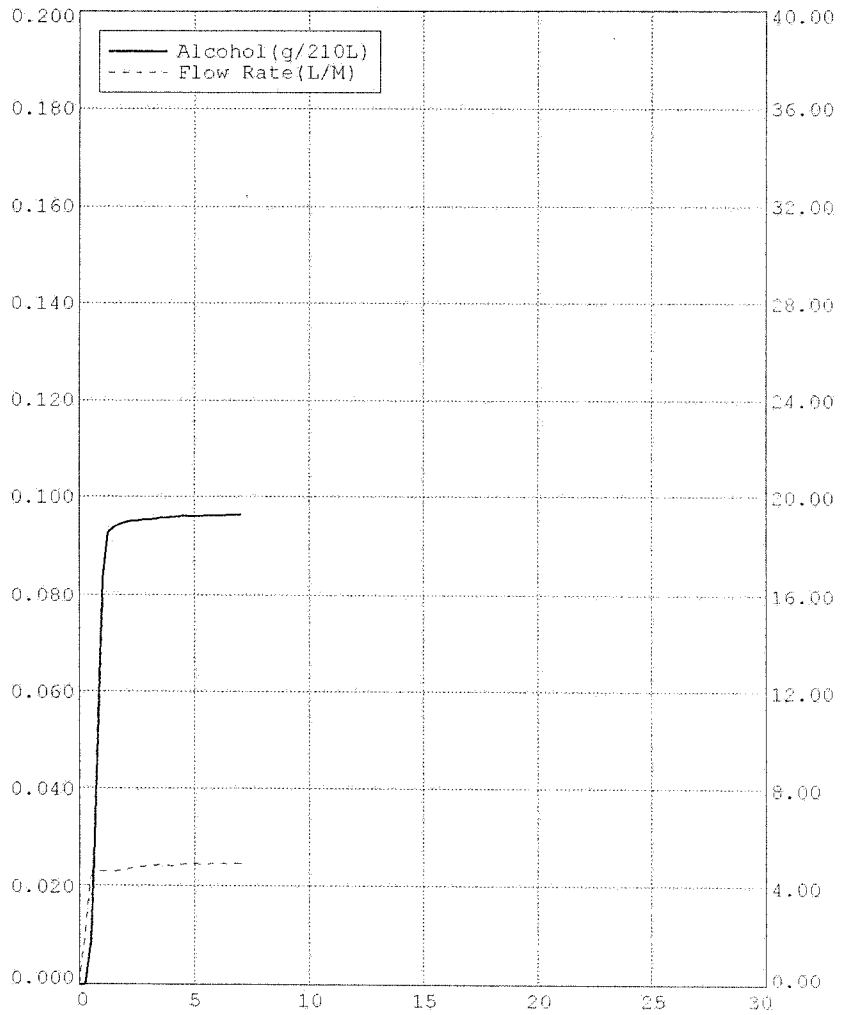
LOT #: 302403025810  
SUPPLIER: GUTH  
EXPIRATION: 04/18/2027  
SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION  
CONCENTRATION: 0.100  
TARGET: 0.097

BLANK TEST	0.000	10:41
INTERNAL STANDARD	VERIFIED	10:41
EXTERNAL STANDARD	0.097	10:41
BLANK TEST	0.000	10:42

Average = 0.0970  
Std Dev = 0.0000  
Spread = 0.0000

QC



# CERTIFICATE OF ANALYSIS

## EBS - ETHANOL BREATH STANDARD

Part Number: DG-U100-10  
GUTH LABORATORIES INC

Sales order: 1129528263  
Date: April 19, 2024

METHOD OF ANALYSIS: IR Breath Alcohol Analyzer  
ANALYTICAL ACCURACY: +/-0.002 BrAC or +/-2% whichever is greater.  
CALGAZ LOT#: 302-403025810  
ETHANOL IN NITROGEN

Product Expiration: April 18, 2027

COMPONENT	PPM	( BrAC )
ETHANOL	260.5PPM	(0.100)
NITROGEN	BAL	
AVERAGE ANALYTICAL VALUE	PPM	( BrAC )
ETHANOL	262.9	(0.101)
REFERENCE STANDARD	CYLINDER	CONCENTRATION PPM
N.M.I. TRACEABLE STANDARDS*	ND38424	260.7

\* CERTIFICATION TRACEABLE TO NATIONAL METROLOGY INSTITUTE TRACEABLE STANDARDS

### TRACEABILITY

#### Preparation:

Gas mixtures manufactured with balances calibrated by an ISO 17025 accredited company using NIST traceable weights and meets or exceeds the requirements of NIST Handbook 44.

Traceable certificate numbers 3445312 and 3398673.

#### Analytical:

Analytical Instruments Calibrated Using NMI Traceable Standards.

Certification Numbers: A679-20190918, D049803-20220329

No effecting environmental conditions during analysis.

\*NMI is recognized by NIST through the Mutual Recognition Agreement (CIPM MRA).

CALGAZ calibration devices were found to meet all applicable requirements of the National Highway Traffic Safety Administration Model Specifications for calibrating units for breath alcohol testers.

Manufactured Date: April 18, 2024

APPROVED BY: 

"We certify that all the cylinders for the Lot numbers identified herein are manufactured and tested within the requirements of CFR 49 part 178.65 and that physical and chemical test reports are on file and copies will be furnished upon request."

**CALGAZ, a division of Airgas USA LLC**  
821 Chesapeake Drive, Cambridge, MD 21613-0149  
Phone: (410) 228-6400 Fax: (410) 228-4251



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



PERMIT  
TYPE II

JUAN B. CHAIREZ

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s);

ALCO-SENSOR IV WITH PRINTER, 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 6/24/2022

NUMBER 220163

EXPIRES 6/24/2024

MO 880-0771 (4-10)

*Milo Mazzoni*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David J. Richards*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-1 (R2-10)

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

**INSTRUMENT OPERATOR CARD**

This named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath from a person in Missouri.

Operator: CHAIREZ, JUAN  
Permit No: 220163  
Date Issued 6/24/2022 Date Expires 6/24/2024