

By Tracy Crews at 7:34 am, Oct 02, 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 regula Complete this report whenever the instrumer Retain the original and send a copy within 15	nt is serviced or repaired a	and whenever it is placed			
INTOX DMT SN NAME OF AGEN KIRKSVII			DATE OF INSPECTION 08/27/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) 119 E McPherson, Kirksville MO 6350	1		TIME OF INSPECTION 10:05:04		
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 TIME08/27/2024 10:05:07 DETECTOR					
□ PROGRAM □ FILTER 1					
☑ SAMPLE CHAMBER 48.8°C		☑ FILTER 2			
☑ BREATH TUBE 46.2°C		☑ FILTER 3			
☐ PUMP ☐ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STAN	DARDS				
☐ SIMULATOR STANDARD	☐ SIMULATOR STANDARD				
STANDARD SUPPLIER GUTH	LOT	#_302403025810	EXP. DATE <u>04/1</u>	8/2027	
☐ 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		
PERFORM R.F.I. TEST	•				
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLOW	ING RANGES SINCE	HE LAST MAINTENANCE	E REPORT:	
REFUSALS: 0 004: 2	.0509: 0	.1014: 1	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) New Printer Installed	MODIFICATION THAT WAS MADE	TO RESTORE THE INSTRUMENT	O OPERATE SATISFACTORILY AND W	VITHIN	
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME JUAN CHAIREZ			
TYPE II PERMIT NUMBER 240147	EXPIRATION DATE 07/03/2026	TELEPHONE NU 660-785-			
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email					

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

COMPONENT	F	Product Explration: April 18, 2027	
ETHANOL	PPM	April 18, 2027	
NITROGEN	260.5PPM	(BrAC)	
AVERAGE ANALYTICAL VALUE	BAL	(0.100)	
ETHANOL	PPM	/ Pina o v	
REFERENCE STANDARD	262,9	(BrAC)	
N.M.I. TRACEABLE STANDARDS* * CERTIFICATION TRACEABLE TO	CYLINDER	(0.101)	
	ND38424	CONCENTRATION PPM	

Gas mixtures manufactured with balances calibrated by an ISO 17025 accredited company using NIST traceable

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 (GIPM 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.

APPROVED BY:

"We certify that all the cylinders for the Lot numbers identified herin are manufactured and tosted within the requirements of CFR 49 part 178.05 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 Fax: (410) 228-4251

^{*} CERTIFICATION TRACEABLE TO NATIONAL METROLOGY INSTITUTE TRACEABLE STANDARDS TRACEABILITY 260.7 Preparation:



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



LAB-4 (A6-10

PERMIT TYPE II

JUAN B. CHAIREZ

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repair

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 section 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE	Mike Mason
NUMBER 240147	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 7/3/2026	Davea J. Michaelson
MO 580-0771 (6-10)	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 all

Operator CHAIREZ, JUAN Permit No 240147

Date Issued 7/3/2024

Date Expires 7/3/2026

