



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
 BREATH ALCOHOL PROGRAM
INTOX DMT MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 12:25 pm, Sep 06, 2024

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 08/27/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 119 E McPherson, Kirksville MO 63501		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.

<input checked="" type="checkbox"/> DIAGNOSTIC RECORD	
DATE AND TIME <u>08/27/2024 10:05:07</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>46.2°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 _____

<input checked="" type="checkbox"/> 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.	
<input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 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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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0	0-.04: 2	.05-.09: 0	.10-.14: 1	.15-.19: 0	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)

New Printer Installed

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME JUAN CHAIREZ
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TYPE II PERMIT NUMBER 240147	EXPIRATION DATE 07/03/2026	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



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

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PERMIT
TYPE II
JUAN B. CHAIREZ

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repair 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 section 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 7/3/2024

NUMBER 240147

EXPIRES 7/3/2026

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 590-0771 (6-10)

LAB-4 (R6-1C)

 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 CHAIREZ, JUAN
 Permit No 240147
 Date Issued 7/3/2024 Date Expires 7/3/2026



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 (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.

Manufactured Date: April 18, 2024

APPROVED BY: Steven Plutschak

"We certify that all the cylinders for the Lot numbers identified herein are manufactured and tested within the requirements of CFR 49 part 176.05 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
 Phone: (410) 228-6400 Fax: (410) 228-4251