

By Tracy Crews at 7:42 am, Nov 18, 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 mo Complete this report whenever the instrument is s Retain the original and send a copy within 15 day	serviced or repaired and wh	enever it is placed in			
INTOX DMT SN NAME OF AGENCY KIRKSVILLE	PD		DATE OF INSPECTION 11/03/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) 119 E McPherson, Kirksville MO 63501		TIME OF INSPECTION 20:48:21			
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 11/03/2024 20:48:24					
☑ PROGRAM	☑ PROGRAM ☑ FILTER 1				
☑ SAMPLE CHAMBER 48.7°C	SAMPLE CHAMBER 48.7°C				
☑ BREATH TUBE 46.0°C	×	FILTER 3			
☑ PUMP		INTERNAL STAND	ARD		
BREATH ANALYZER ACCURACY STANDAR	DS				
☐ SIMULATOR STANDARD		COMPRESSED ET	THANOL-GAS MIXTURE	Ξ	
STANDARD SUPPLIER GUTH	LOT#_30	2403025810	EXP. DATE	/18/2027	
☐ 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: 0.100	TEST 3: 0.099			
PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TEST	S IN THE FOLLOWING F	RANGES SINCE T	HE LAST MAINTENAN	ICE REPORT:	
REFUSALS: 0 004: 0	.0509: 0	014: 0	.1519: 0	OVER .19: 0	
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) Clock set for DAYLIGHT Savings Time					
INSPECTING OFFICER					
SIGNATURE / 187		RINT FULL NAME JUAN CHAIREZ			
TYPE II PERMIT NUMBER 240147	EXPIRATION DATE 07/03/2026	TELEPHONE NUI 660-785-6			
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

METHOD OF ANALYSIS: IR Breath Alcohol Analyzer ANALYTICAL ACCURACY:

+/-0.002 BrAC or +/-2% whichever is greater. CALGAZ LOT#; 302-403025810

ETHANOL IN NITROGEN

Sales order: 1129528263

Date: April 19, 2024

COMPONENT	F	roduci svara
ETHANOL	PPM	roduci Expiration: April 18, 2027
NITROGEN	260.5PPM	(BrAC)
AVERAGE ANALYTICAL VALUE	BAL	(0.100)
ETHANOL	PPM	/ Po
REFERENCE STANDARD	262,9	(BrAC)
N.M.I. TRACEABLE STANDARDS*	CYLINDER	(0.101)
* CERTIFICATION TRACEABLE TO NATION	ND38424	CONCENTRATION PPM

N.M.I, TRACEABLE STANDARDS* 260.7

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

APPROVED BY:

"We cortly that all the cylinders for the Lot numbers identified herin are menufactured and tosted 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 Fax: (410) 228-4251

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



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



LAB-4 (A6-1

PERMIT TYPE II

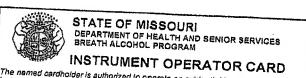
JUAN B. CHAIREZ

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

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

•	Through 306.119 RSMo,	and the provisions of sections
DATE		Mike Mason
NUMBER 240147		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 7/3/2026		Davla J. Nichelson
/IO 580-0771 (6-10)	DIF	RECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the elcoholic content in breath form of expired air Operator

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

