

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

ORIGINAL

REPORT #1

INTOX DMT MAINTENANCE REPORT							
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.							
NAME OF AGENCY 500288 NAME OF AGENCY MARYVILLE POLICE DEPARTMENT					DATE OF INSPECTION 06/27/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) 101 N. VINE				TIME OF INSPECTION 17:10:36			
CHECKLIST: Place a ma	ark in the box by each ite	m if found to be satisfact	ory or is op	perating within	established limits. (W	/rite in observed	
✓ DIAGNOSTIC RECO			9				
DATE AND TIME <u>06/27/2024 17:10:39</u>			☑ DETECTOR				
□ PROGRAM			☐ FILTER 1				
SAMPLE CHAMBER 48.7°C ■ 48.7°C			☑ FILTER 2				
☑ BREATH TUBE_	×	☑ FILTER 3					
□ PUMP □ INTERNAL STANDARD							
BREATH ANALYZER ACCURACY STANDARDS							
SIMULATOR ST		☐ COMPRESSED ETHANOL-GAS MIXTURE					
	ER GUTH	LOT#_2	23390		EXP. DATE 10		
SIMULATOR TEMP		SIM. SN_			IM. NIST EXP DATE	08/18/2024	
 □ 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 							
T		TEST 2: 0.100		TEST 3: 0.100			
PERFORM R.F.I. TE	ST						
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:							
	004: 1	.0509: 0	.1014: 0		.1519: 1	OVER .19: 0	
LIST ANY NEW PARTS AND DESC ESTABLISHED LIMITS (USE OTHE	RIBE ANY ALTERATION OR MOD	I IFICATION THAT WAS MADE TO R	ESTORE THE	INSTRUMENT TO C	PERATE SATISFACTORILY A	ND WITHIN DM	
INTOX DMT #500288 CON		T OF HEALTH SPECIFICA	TOINS.				
INSPECTING OFFICE	P						
SIGNATURE			PRINT FULL	NAME E L WILSON	1		
TYPE II PERMIT NUMBER HA		EXPIRATION DATE		TELEPHONE NUM	BER		
230136	D DEDORT TO THE	07/06/2025	:=	660-562-3			
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email							



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 23390 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2023, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1207% (w/vol) ethyl alcohol. The expiration date for this lot number is October 17, 2025 at 11:59 PM.

HARRISBURG, PA 17111- 4511 . TELEPHONE: 717-564-5470

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.

ORIGINAL



MO 580-0771 (6-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

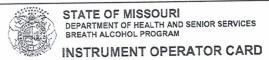


LAB-4 (R6-10)

PERMIT TYPE II

WAYNE L. WILSON

is hereby authorized to instruct and supervise operators, and operate the following breath analyzer(s):	train instructors, inspect, calibrate, perform field service and repairs				
	OX 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. Mike Massure					
DATE 7/6/2023	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY				
NUMBER 230136	Davis J. Nichelson				
EXPIRES 7/6/2025	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES				



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 WILSON, WAYNE

Permit No 230136

Date Expires 7/6/2025 Date Issued 7/6/2023

