



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 500299	NAME OF AGENCY Camdenton Police Department	DATE OF INSPECTION 11/22/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 437 W. US Hwy 54 Camdenton, MO 65020		TIME OF INSPECTION 07:51:13

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>11/22/2024 07:51:16</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>42.2°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER GUTH LOT # 23390 EXP. DATE 10/17/2025

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 SIM. SN MP2116 SIM. NIST EXP DATE 01/16/2025

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: 0.101

PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

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

replaced some tubing, replaced male and female ports that attach ti slm tubes.

INSPECTING OFFICER

SIGNATURE PRINT FULL NAME
RYAN SCHILDKNECHT

TYPE II PERMIT NUMBER 230225 EXPIRATION DATE 10/19/2025 TELEPHONE NUMBER 660-543-4573

RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services
by mail, fax, or email



GUTH LABORATORIES, INC.

590 NORTH 87TH STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-664-5470

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.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 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.

CALIBRATION FACTORS

Camdenon Police Department
INTOX dmt: 500299

Date: 09/17/2024
Time: 10:29:04

OPERATOR NAME:
RYAN SCHILDKNECHT
PERMIT NUMBER: 230225
EXPIRATION DATE: 10/19/2025

LOT #: 23390
SUPPLIER: GUTH
EXPIRATION: 10/17/2025

Ca = 0.1000
ADJ = 0.984105 0.800 <= ADJ < 1.200
b1 = 0.0000 0.0000 <= b1 < 0.0040
b2 = 0.0057 0.0010 <= b2 < 0.0100
b3 = 0.0000 0.0000 <= b3 < 0.0040
Xq = 0.0983 0.0500 <= Xq < 0.2500
a21 = 1.176226 1.050 <= a21 < 1.300
a31 = 0.446256 0.300 <= a31 < 0.800





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

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**PERMIT
 TYPE II**

RYAN SCHILDKNECHT

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

INTOX DMT, INTOXILYZER 8000, INTOX EC/IR II, ASIV W/PRINTER

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 10/19/2023

NUMBER 230225

EXPIRES 10/19/2025

Laura A. Wang

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Ryan Schildknecht

, acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (6-10)

LAB-4 (R6-10)

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 SCHILDKNECHT, RYAN
 Permit No 230225
 Date issued 10/19/2023 Date Expires 10/19/2025