

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

By Tracy Crews at 12:26 pm, Ma

INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the reg Complete this report whenever the instrum Retain the original and send a copy within	nent is serviced or repaired an	nd whenever it is placed	xceed 35 days). into service.	
NAME OF AGENCY 500605 NAME OF AGENCY Clayton Police Department			DATE OF INSPECTION 04/06/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) 10 S. Brentwood Blvd. Clayton, MO 63105			TIME OF INSPECTION 20:46:16	44,000
CHECKLIST: Place a mark in the box by values where determined). Unmarked item	each item if found to be satisfals must be corrected before u	actory or is operating wasing instrument.	ithin established limits. (Wri	te in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>04/06/2024 20:4</u>	<u>16:19</u>	☑ DETECTOR		
☑ PROGRAM		☑ FILTER 1		
SAMPLE CHAMBER 48.8°C	111000000000000000000000000000000000000	☑ FILTER 2	***************************************	Mark and a second a
☑ BREATH TUBE 48.1°C		☑ FILTER 3		
⊠ PUMP	*	☑ INTERNAL STAN	DARD	***************************************
BREATH ANALYZER ACCURACY STAI	NDARDS			
☑ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE				
STANDARD SUPPLIER GUTH	LOT#	23390	EXP. DATE <u>10/1</u>	7/2025
SIMULATOR TEMP (34°C ± 0.2°C)	34.0 SIM. SN	N <u>MP5541</u>	SIM. NIST EXP DATE 0	8/01/2024
 ☑ CALIBRATION CHECK - (ONLY ONE Run three tests using a standard. All the of .005 or less. Mark the box correspoted in the standard of .010% STANDARD - MUST R ☐ 0.08% STANDARD - MUST R ☐ 0.04% STANDARD - MUST R 	onding to the standard being u READ BETWEEN 0.095% AN READ BETWEEN 0.076% AN	used. ND 0.105% INCLUSIVE ND 0.084% INCLUSIVE		
TEST 1: 0.101 TEST 2: 0.101		\$10 00 00 00 00 00 00 00 00 00 00 00 00 0	TEST 3: 0.102	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
REFUSALS: 0 004: 0	.0509: 0	.1014: 0	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION (ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	OR MODIFICATION THAT WAS MADE TO	RESTORE THE INSTRUMENT TO	3	1
april maintainence				
NSPECTING OFFICER				
SIGNATURE		PRINT FULL NAME H PADILLA		
YPE II PERMIT NUMBER 230049	EXPIRATION DATE 03/07/2025	TELEPHONE NUM 314-645-3		
TURN 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.

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.