

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 regula Complete this report whenever the instrumer Retain the original and send a copy within 15	nt is serviced or repaired an	id whenever it is placed in	ceed 35 days). nto service.			
	NAME OF AGENCY Clayton Police Department			DATE OF INSPECTION 08/01/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) 10 S. Brentwood Blvd. Clayton, MO 63105			TIME OF INSPECTION 18:02:38			
CHECKLIST: Place a mark in the box by eac values where determined). Unmarked items r	ch item if found to be satisfa must be corrected before u	actory or is operating with sing instrument.	nin established lim	its. (Write in observe	:d	
☑ DIAGNOSTIC RECORD				·		
DATE AND TIME <u>08/01/2024 18:02:40</u> ☑ DETECTOR						
☑ PROGRAM	☑ FILTER 1					
☑ SAMPLE CHAMBER 48.8°C	AMBER 48.8°C 🛛 TILTER 2					
☐ BREATH TUBE 47.1°C ☐ FILTER 3			CEN		***************************************	
☑ PUMP ☑ INTERNAL STAND			AFO >			
BREATH ANALYZER ACCURACY STANDARDS			TEW D			
☑ SIMULATOR STANDARD ☐ COMPRESSED ET				(TURE		
STANDARD SUPPLIER GUTH			EXP. DATE	E 10/17/2025		
SIMULATOR TEMP (34°C ± 0.2°C) 34.	0SIM. SN	MP5541 S	SIN S NIST EXP D	ATE <u>06/24/2025</u>		
CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE Run three tests using a standard. All three tests must be within ±5% of the standard value and of .005 or less. Mark the box corresponding to the standard being used.						
TEST 1: 0.100	TEST 2: 0.100	TEST 2: 0.100				
☑ PERFORM R.F.I. TEST			4		***************************************	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS: 0 004: 2	.0509: 2	.1014: 0	.1519: 0	OVER .19:	RE	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) Back in service - August maint	ODIFICATION THAT WAS MADE TO	RESTORE THE INSTRUMENT TO C	OPERATE SATISFACTOR	RLY AND WITHIN	CEIVED Tracy Crews at 8:40 am, Aug	
INSPECTING OFFICER SIGNATURE		PRINT FULL NAME H PADILLA			0 am, Au	
TYPE II PERMIT NUMBER 230049	03/07/2025	ТЕLЕРНОНЕ NUMB 314-645-30			19	
RETURN COMPLETED REPORT TO THE	Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email				15, 2024	
O 580-2898 (5-19) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis					A LAB-166	



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.



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

HANNAH L. PADILLA

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 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. Mile Massure

NUMBER 230049

EXPIRES 3/27/2025

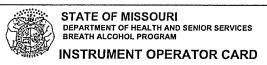
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

Davea J. Michelson

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

LAB-4 (R6-10)

MO 580-0771 (6-10)



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 PADILLA, HANNAH

Permit No 230049

Date Issued 3/27/2023 Date Expires 3/27/2025

