RECEIVED

By Tracy Crews at 3:18 pm, Jan 23, 2025



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

INTOX DMT MAINTENANCE	REPORT	F	REPORT #1
Complete this report at the time of the regular month Complete this report whenever the instrument is serv Retain the original and send a copy within 15 days to	riced or repaired and whenever it is pla	to exceed 35 days). ced into service,	
INTOX DMT SN NAME OF AGENCY Camden Co She	eriffs Office	DATE OF INSPECTION 01/02/2025	
LOCATION OF INSTRUMENT (STREET AND CITY) 133 Cherokee, Four Seasons MO 65049		TIME OF INSPECTION 10;35;52	
CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be	if found to be satisfactory or is operatir corrected before using instrument.	ng within established limits. (Write in observed	
☑ DIAGNOSTIC RECORD			
DATE AND TIME 01/02/2025 10:35:55	☑ DETECTOR		
☑ PROGRAM	☑ FILTER 1		
☑ SAMPLE CHAMBER 48.7°C	☑ FILTER 2		
☑ BREATH TUBE 48.1°C	☑ FILTER 3		
☑ PUMP	☑ INTERNAL S	TANDARD	
BREATH ANALYZER ACCURACY STANDARDS			
☐ SIMULATOR STANDARD	☑ COMPRESSE	ED ETHANOL-GAS MIXTURE	
STANDARD SUPPLIER INTOXIMETERS	LOT#_AG331301	EXP. DATE 11/09/2025	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DATE	
☑ 0.10% STANDARD - MUST READ BET☐ 0.08% STANDARD - MUST READ BET☐ 0.04% STANDARD - MUST READ BET	WEEN 0.076% AND 0.084% INCLU	SIVE	
TEST 1: 0.101 TE	ST 2: 0.101	TEST 3: 0,102	
PERFORM R.F.I. TEST			
INDICATE THE NUMBER OF BREATH TESTS IF	N THE FOLLOWING RANGES SING	E THE LAST MAINTENANCE REPORT:	
REFUSALS: 0 004: 0 .05	09: 0 .1014: 0	.1519: 0 OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICA ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	NTION THAT WAS MADE TO RESTORE THE INSTRUM	IENT TO OPERATE SATISFACTORILY AND WITHIN	
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER 230052 RETURN COMPLETED REPORT TO THE Break	PRINT FULL NAME ROBERT W EXPIRATION DATE TELEPHO 03/27/2025 th Alcohol Program, Missouri Departm	NÉ NUMBER	
by m	ail, fax, or email	on of Frodici and Oction Scrattes	



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.

Certificate of Analysis

Customer Name

Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Exclusive Supplier

Test Date: 9-Nov-2023

Lot # AG331301 Model | 108

9-Nov-2025 Exp Date

Cyl. Type 108

Component

Nitrogen Ethanol

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards;

RGM Serial No.

Concentration 391.8 ppm 259.8 ppm EB0010581 EB0010570 EB0010285

Concentration

RGM Serial No.

392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

EB0010603 EB0010559 EB0010562 EB0010579

EB0010561 EB0010681

209.0 ppm 103.7 ppm 52.22 ppm

Concentration

CRM Serial No.

CC727481 CC727496

799.4 ppm 253.4 ppm

Analytical Method: NDIR

CRM Serial No. CC727493 CC727498

Concentration

389.8 ppm 150.2 ppm

Digitally atgreed by Questly Coninci Reason: Dry Gras stendered certification of analysis Conduct Alignas USA LLC (Lab) Drifer 11,09,20c3 19:57

Yusef Woods

Approved for Release:

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



HERAHIMENI OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



PERMIT TYPE ||

ROBERT SELBY

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

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

NUMBER 230052 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 3/27/2023 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY Mile Masone

MO 580-0771 (8-10)

EXPIRES 3/27/2025

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES Domes I. Tycobers

LAB4 (P5-10)

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

INSTRUMENT OPERATOR CARD

The named cardfolder is sufficilized to operate an evidential breath electrical national national records are expensed in the electrical content in breath form of expend electrical content in breath form of expend electrical nations.

Operator SELBY, ROBERT Permii No 230052, Date Issued 3/27/2023 Date Expires 3/27/2025