## **RECEIVED**

By Tracy Crews at 1:52 pm, Jan 16, 2025



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 mon	The second secon		
Complete this report whenever the instrument is se Retain the original and send a copy within 15 days	erviced or repaired and when	ever it is placed into service.	
NAME OF AGENCY 500257 St. James Police Dept			ON 5
LOCATION OF INSTRUMENT (STREET AND CITY)  200 N. Bourbeuse Street, St. James, MO 65559			NO
CHECKLIST: Place a mark in the box by each iter values where determined). Unmarked items must be	n if found to be satisfactory on corrected before using ins	r is operating within established lin	nits. (Write in observed
☑ DIAGNOSTIC RECORD			
DATE AND TIME 01/14/2025 18:21:36	<b>⊠</b> DE	TECTOR	
☑ PROGRAM	TER 1		
☑ SAMPLE CHAMBER 48.9°C	SAMPLE CHAMBER 48.9°C		
☑ BREATH TUBE 42.7°C	☐ BREATH TUBE 42.7°C ☐ FILTER 3		
☑ PUMP	⊠ IN	FERNAL STANDARD	
BREATH ANALYZER ACCURACY STANDARD	S		
☑ SIMULATOR STANDARD	СС	MPRESSED ETHANOL-GAS MI	XTURE
☑ STANDARD SUPPLIER GUTH	LOT# 23180	EXP. DAT	E 05/17/2025
SIMULATOR TEMP (34°C ± 0.2°C) 34.0	SIM. SN MP2	927 SIM. NIST EXP [	DATE <u>09/26/2025</u>
□ 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: 0 008			2
	EST 2: <b>0.098</b>	TEST 3: 0.099	9
PERFORM R.F.I. TEST	EST 2: 0.098	TEST 3: 0.099	
PERFORM R.F.I. TEST INDICATE THE NUMBER OF BREATH TESTS	EST 2: 0.098  IN THE FOLLOWING RAN	TEST 3: 0.099	ENANCE REPORT:
PERFORM R.F.I. TEST  NDICATE THE NUMBER OF BREATH TESTS  REFUSALS: 0 004: 0 .0  LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC	IN THE FOLLOWING RAN 0509: 0 .101	TEST 3: 0.099  IGES SINCE THE LAST MAINT 4: 0 .1519: 0	ENANCE REPORT:  OVER .19: 0
☑ PERFORM R.F.I. TEST INDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWING RAN 0509: 0 .101 CATION THAT WAS MADE TO RESTORE	TEST 3: 0.099  IGES SINCE THE LAST MAINT 4: 0 .1519: 0	ENANCE REPORT:  OVER .19: 0
PERFORM R.F.I. TEST  INDICATE THE NUMBER OF BREATH TESTS  REFUSALS: 0 004: 0 .0  LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)  THIS INSTRUMENT CONFORMS TO DHSS STANDAR	IN THE FOLLOWING RANDS09: 0 .101 CATION THAT WAS MADE TO RESTORE	TEST 3: 0.099  IGES SINCE THE LAST MAINT  4: 0 .1519: 0  THE INSTRUMENT TO OPERATE SATISFACTOR  CULL NAME	ENANCE REPORT:  OVER .19: 0
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### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 23180 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on May 18, 2023, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1220% (w/vol) ethyl alcohol. The expiration date for this lot number is May 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 FN11172002 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 || CHRISTOPHER PIGG

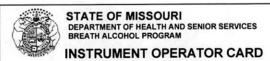
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

# **INTOX DMT**

	stermination of the alcoholic content of blood from a sample of e	xpired air. Permit issued under the provisions of sections
577.020	through 577.041, RSMo and 306.111 through 306.119 RSMo.	Mike Massin
DATE	2/28/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	240059	Davla I. Nichelson
EXPIRES	2/28/2026	PECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired al in Missouri.

Operator PIGG, CHRISTOPHER

Permit No 240059

Date Issued 2/28/2024 Date Expires 2/28/202

