

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

INTOX DMT MAINTENANCE REPORT

REPORT #1

ANTON DIVIT INITIALITY EINAINC	E REPORT		TEL OIL W		
Complete this report at the time of the regular mor Complete this report whenever the instrument is s Retain the original and send a copy within 15 days	erviced or repaired and whenever	er it is placed into service.			
500284 NAME OF AGENCY KIRKSVILLE	PD	DATE OF INSPECT 01/08/202			
LOCATION OF INSTRUMENT (STREET AND CITY) 119 E McPherson, Kirksville MO 63501		TIME OF INSPECTI 06:10:26	TIME OF INSPECTION 06:10:26		
CHECKLIST: Place a mark in the box by each ite values where determined). Unmarked items must	m if found to be satisfactory or is be corrected before using instru	s operating within established li ment.	mits. (Write in observed		
☑ DIAGNOSTIC RECORD					
DATE AND TIME 01/08/2025 06:10:29	☑ DETE				
☑ PROGRAM	☐ FILTER 1				
☑ SAMPLE CHAMBER 48.8°C	8.8°C				
☑ BREATH TUBE 45.7°C	XI BREATH TUBE 45.7°C XI FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDAR	DS				
☐ SIMULATOR STANDARD	☑ COMPRESSED ETHANOL-GAS MIXTURE				
☑ STANDARD SUPPLIER GUTH	LOT# 302403	025810 EXP. DA	TE_04/18/2027		
SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP	DATE		
□ CALIBRATION CHECK - (ONLY ONE STA Run three tests using a standard. All three test of .005 or less. Mark the box corresponding to 0.10% STANDARD - MUST READ E □ 0.08% STANDARD - MUST READ E □ 0.04% STANDARD - MUST READ E	to the standard being used. BETWEEN 0.095% AND 0.105% BETWEEN 0.076% AND 0.084%	6 INCLUSIVE 6 INCLUSIVE	spread		
TEST 1: 0.100	TEST 2: 0.098	TEST 3: 0.10	00		
PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS	S IN THE FOLLOWING RANG	ES SINCE THE LAST MAIN	TENANCE REPORT:		
REFUSALS: 0 004: 0	.0509: 0 .1014:	.1519: 0	OVER .19: 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODII ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	FICATION THAT WAS MADE TO RESTORE TH	IE INSTRUMENT TO OPERATE SATISFAC	TORILY AND WITHIN		
INSPECTING OFFICER					
SIGNATURE	PRINT FUL	L NAME			
/(187		B CHAIREZ			
TYPE II PERMIT NUMBER 240147	07/03/2026	TELEPHONE NUMBER 660-785-6945			
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email					

CERTIFICATE OF ANALYSIS

EBS - ETHANOL BREATH STANDARD

Part Number: DG-U100-10 GUTH LABORATORIES INC

Sales order: 1129528263

Date: April 19, 2024

METHOD OF ANALYSIS:

IR Breath Alcohol Analyzer ANALYTICAL ACCURACY: +/-0.002 BrAC or +/-2% whichever is greater.

CALGAZ LOT#; 302-403025810

ETHANOL IN NITROGEN

COMPONENT		
ETHANOL	PPM	Product Explration: April 18, 2027
NITROGEN	260.5PPM	(BrAC)
AVERAGE ANALYTICAL VALUE	BAL	(0.100)
ETHANOL	PPM	
REFERENCE STANDARD	262.9	(BrAC)
N.M.I. TRACEABLE STANDARDS*	CYLINDER	(0.101)
* CERTIFICATION TRACEABLE TO NATIO	ND38424	CONCENTRATION PPM

260.7

* CERTIFICATION TRACEABLE TO NATIONAL METROLOGY INSTITUTE TRACEABLE STANDARDS

Gas inixtures manufactured with balances calibrated by an ISO 17025 accredited company using NIST traceable Analytical:

Analytical Instruments Calibrated Using NMI Traceable Standards. Certification Numbers: A679-20190918, D049803-20220329

No effecting environmental conditions during analysis.

*NMI is recognized by Nist through the Mutual Recognition Agreement (CIPM MRA).

CALGAZ calibration devices were found to meet all applicable requirements of the National Highway Traffic Salety Administration Model Specifications for calibrating units for breath alcohol testers.

APPROVED BY:

"Wa corlly that all the cylinders for the Lot numbers identified herin are manufactured and tosted within the requirements of CFR 49 part 175.05 and their physical and copies will be furnished upon request."

CALGAZ, a division of Airgas USA LLC 821 Chesapeake Drive, Cambridge, MD 21613-0149

Fax: (410) 228-4251



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



LAB-4 (R6-1

PERMIT TYPE II

JUAN B. CHAIREZ

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repa

LCO-SENSOR IV WITH PRINTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of section 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo. Mike Masson NUMBER 240147 Daves I. nichelson EXPIRES 7/3/2026 MO 880-0771 (6-10) DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 elecholic content in breath form of expired air

Operator Permit No

CHAIREZ, JUAN 240147

Date Issued 7/3/2024

Date Expires 7/3/2026

