

RECEIVED

By Tracy Crews at 8:03 am, Mar 04, 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 monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX DMT SN 500284	NAME OF AGENCY KIRKSVILLE PD	DATE OF INSPECTION 02/12/2025
LOCATION OF INSTRUMENT (STREET AND CITY) 119 E McPherson, Kirksville MO 63501		TIME OF INSPECTION 06:03:12

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

DIAGNOSTIC RECORD

DATE AND TIME <u>02/12/2025 06:03:15</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>46.3°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER GUTH LOT # 302403025810 EXP. DATE 04/18/2027

SIMULATOR TEMP (34°C ± 0.2°C) _____ SIM. SN _____ SIM. NIST EXP DATE _____

CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)
Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used.

0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

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: **0.100** TEST 2: **0.099** TEST 3: **0.099**

PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0	0-.04: 0	.05-.09: 0	.10-.14: 0	.15-.19: 0	OVER .19: 0
--------------------	-----------------	-------------------	-------------------	-------------------	--------------------

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME JUAN CHAIREZ	
TYPE II PERMIT NUMBER 240147	EXPIRATION DATE 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



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

2

PERMIT
TYPE II

JUAN B. CHAIREZ

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

ALCO-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 sections 577.020 through 577.041, RSMo and 306.111, through 306.119 RSMo.

DATE 7/3/2024

NUMBER 240147

EXPIRES 7/3/2026

MO 880-0771 (6-10)

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nielsen

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R5-1)

 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 alcoholic content in breath form of expired air in Missouri.

Operator CHAIREZ, JUAN
Permit No 240147
Date issued 7/3/2024 Date Expires 7/3/2026



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

Product Expiration: April 18, 2027

COMPONENT	PPM	(BrAC)
ETHANOL	260.5PPM	(0.100)
NITROGEN	BAL	(0.100)
AVERAGE ANALYTICAL VALUE	PPM	(BrAC)
ETHANOL	262.9	(0.101)
REFERENCE STANDARD	CYLINDER	CONCENTRATION PPM
N.M.I. TRACEABLE STANDARDS*	ND38424	280.7

* CERTIFICATION TRACEABLE TO NATIONAL METROLOGY INSTITUTE TRACEABLE STANDARDS
 TRACEABILITY
 Preparation:
 Gas mixtures manufactured with balances calibrated by an ISO 17025 accredited company using NIST traceable weights and meets or exceeds the requirements of NIST Handbook 44.
 Traceable certificate numbers 3445312 and 3398673.

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 (GIPM MRA).
 CALGAZ calibration devices were found to meet all applicable requirements of the National Highway Traffic Safety Administration Model Specifications for calibrating units for breath alcohol testers.
 Manufactured Date: April 18, 2024

APPROVED BY: Steven Plutcha

"We certify that all the cylinders for the Lot numbers identified herein are manufactured and tested within the requirements of CFR 49 part 170.05 and that physical and chemical test reports are on file and copies will be furnished upon request."

CALGAZ, a division of Airgas USA LLC
 821 Chesapeake Drive, Cambridge, MD 21613-0149
 Phone: (410) 228-6400 Fax: (410) 228-4251