



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 monopolete this report whenever the instrument is Retain the original and send a copy within 15 days	serviced or repaired and	whenever it is pla			
NAME OF AGENCY 500605 Clayton Police Department			DATE OF INSPECTION 03/04/2025		
LOCATION OF INSTRUMENT (STREET AND CITY) 10 S. Brentwood Blvd. Clayton, MO 63105		TIME OF INSPECTION 18:51:09			
CHECKLIST: Place a mark in the box by each it values where determined). Unmarked items mus	em if found to be satisfact to be corrected before using the corrected before using the corrected before the corrected before using the corrected before the	ctory or is operation	ng within established limit	s. (Write in observed	
☑ DIAGNOSTIC RECORD		<u> </u>			
DATE AND TIME 03/04/2025 18:51:11	A Control of the Cont	DETECTOR			
☑ PROGRAM ☑ FILT					
☑ SAMPLE CHAMBER 48.7°C ☑ FILTER 2					
☑ BREATH TUBE 45.9°C ☑ FILTER 3					
☑ PUMP · ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDAR	DS				
☑ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE					
☑ STANDARD SUPPLIER GUTHLAB	LOT#	23390	EXP. DATE	10/17/2025	
☑ SIMULATOR TEMP (34°C ± 0.2°C) 34.0	SIM. SN	MP55410	SIM. NIST EXP DA	TE 06/24/2025	
□ CALIBRATION CHECK - (ONLY ONE STAI Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding □ 0.10% STANDARD - MUST READ E □ 0.04% STANDARD - MUST READ E	to the standard being us BETWEEN 0.095% AND BETWEEN 0.076% AND BETWEEN 0.038% AND	ed.) 0.105% INCLUS) 0.084% INCLUS	SIVE SIVE	zau	
ST 1: 0.100 TEST 2: 0.100			TEST 3: 0.100		
PERFORM R.F.I. TEST			***************************************		
INDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWING R	ANGES SINCE	THE LAST MAINTENAN	ICE REPORT:	
REFUSALS: 0 004: 0	.0509: 0	.1014: 1	.1519: 0	OVER .19: 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODI	PICATION THAT WAS MIADE TO R	ESTORE THE INSTRUM	ENTTO OPERATE SATISFACTORIE		
INSPECTING OFFICER					
GNATURE PRINT FULL NAME (KEATON FO			GI FR		
YPE II PERMIT NUMBER FOR SS	EXPIRATION DATE 12/13/2026	TELEPHONE NUMBER 314-645-3000			
RETURN COMPLETED REPORT TO THE BI		Aissouri Departm	ent of Health and Senior	Services	



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

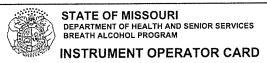
KEATON FOGLER

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. DATE 12/13/2024 DIRECTOR 6. STATE PUBLIC HEALTH LABORATORY EXPIRES 12/13/2026 DIRECTOR 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 ai in Missouri.

Operator FOGLER, KEATON

Permit No 240258
Date Issued 12/13/2024 Date Expires 12/13/2026

