

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

INTOX DMT MAINTENANCE REPORT

REPORT #1

1 MION DIVITIMAINTENANCE RE	PURI	7.5.
Complete this report at the time of the regular monthly pro Complete this report whenever the instrument is serviced Retain the original and send a copy within 15 days to the	for repaired and whenever it is pla	• •
INTOX DMT SN NAME OF AGENCY 500250 THAYER POLICE D	DEPT.	DATE OF INSPECTION 08/02/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 102 Front Street, Thayer, MO 65791		TIME OF INSPECTION 23:54:42
CHECKLIST: Place a mark in the box by each item if fou values where determined). Unmarked items must be corr	und to be satisfactory or is operation	ng within established limits. (Write in observed
☑ DIAGNOSTIC RECORD		
DATE AND TIME <u>08/02/2020 23:54:44</u>	☑ DETECTOR	
☑ PROGRAM	☑ FILTER 1	
☑ SAMPLE CHAMBER 48.8°C	☑ FILTER 2	
☑ BREATH TUBE 48.1°C	☑ FILTER 3	
☑ PUMP ☑ INTERNAL STANDARD		
BREATH ANALYZER ACCURACY STANDARDS	 	
☑ SIMULATOR STANDARD	☐ COMPRESSI	ED ETHANOL-GAS MIXTURE
☑ STANDARD SUPPLIER GUTH	LOT# 18370	EXP. DATE <u>12/05/2020</u>
☑ SIMULATOR TEMP (34°C ± 0.2°C) 34.0	SIM. SN <u>MP2943</u>	SIM. NIST EXP DATE <u>08/27/2020</u>
 □ 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: 0.101 TEST 2	2: 0.101	TEST 3: 0.101
☑ PERFORM R.F.I. TEST		- I
INDICATE THE NUMBER OF BREATH TESTS IN TH	TE FOLLOWING RANGES SIN	CE THE LAST MAINTENANCE REPORT:
REFUSALS: 0 004: 0 .0509:	: 1 .1014: 0	.1519: 0 OVER .19: 1
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION TESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	THAT WAS MADE TO RESTORE THE INSTRUM	MENT TO OPERATE SATISFACTORILY AND WITHIN
INSPECTING OFFICER		
SIGNATURE Jelin Feltio	PRINT FULL NAME KEVIN BETT	TIS
200100		ONE NUMBER 264-3819
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email		



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 18370 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **December 6**, 2018, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1218% (w/vol) ethyl alcohol. The expiration date for this lot number is **December 5**, 2020 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 FN04271602 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.



MO 580-0771 (6-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



LAB-4 (R6-10)

PERMIT TYPE II

KEVIN BETTIS

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

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