

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 Complete this report whenever the Retain the original and send a cop | e instrument is serviced or r | epaired and whene | ver it is placed in | | | |
|--|--|--|-----------------------------|-----------------------------------|-------------------|--|
| INTOX DMT SN NAME OF AGENCY THAYER POLICE DEPT. | | | | DATE OF INSPECTION 01/25/2021 | | |
| LOCATION OF INSTRUMENT (STREET AND CITY) 102 Front Street, Thayer, MO 65791 | | | | TIME OF INSPECTION 03:28:39 | , | |
| CHECKLIST: Place a mark in the values where determined). Unmar | e box by each item if found to ked items must be corrected | to be satisfactory or ed before using instr | is operating with ument. | nin established limits. (V | /rite in observed | |
| ☑ DIAGNOSTIC RECORD | | | | | | |
| DATE AND TIME <u>01/25/2021 03:28:41</u> | | ⊠ DE | ☑ DETECTOR | | | |
| ☑ PROGRAM | | ⊠ FIL | ☑ FILTER 1 | | | |
| SAMPLE CHAMBER 48.8°C | | ⊠ FIL | ☑ FILTER 2 | | | |
| ☐ BREATH TUBE 48.1°C | | ☑ FIL | ☑ FILTER 3 | | | |
| ☑ PUMP 🗵 | | | INTERNAL STANDARD | | | |
| BREATH ANALYZER ACCURA | CY STANDARDS | | | | | |
| ☑ SIMULATOR STANDARD | | ☐ CO | MPRESSED ET | HANOL-GAS MIXTURI | | |
| STANDARD SUPPLIER GUTH | | LOT# <u>20190</u> | | EXP. DATE <u>04</u> | 1/06/2022 | |
| | | SIM. SN <u>MP2</u> | 943 | SIM. NIST EXP DATE_ | 09/22/2021 | |
| 0.08% STANDARD - | NLY ONE STANDARD IS ard. All three tests must be corresponding to the stand MUST READ BETWEEN MUST READ BETWEEN MUST READ BETWEEN | lard being used. 0.095% AND 0.105 0.076% AND 0.084 | % INCLUSIVE | ICE REPORT) nd must have a spread | | |
| TEST 1: 0.100 TEST 2: 0.10 | | 101 | 01 | | TEST 3: 0.101 | |
| ☑ PERFORM R.F.I. TEST | | | | | | |
| INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: | | | | | | |
| REFUSALS: 0 004: 0 | .0509: 0 | .101 | 4: 0 | .1519: 0 | OVER .19: 0 | |
| LIST ANY NEW PARTS AND DESCRIBE ANY A ESTABLISHED LIMITS (USE OTHER SIDE IF NE | | WAS MADE TO RESTORE | THE INSTRUMENT TO | OPERATE SATISFACTORILY AN | ID WITHIN | |
| INSPECTING OFFICER | edice and the control of the control | | ULL NAME | | | |
| Jan Letter | | | IN BETTIS | | | |
| TYPE II PERMIT NUMBER 7 | | 19/2022 | TELEPHONE NUM 417-264-3 | | | |
| RETURN COMPLETED REPO | RT TO THE Breath Alcoh by mail, fax, o | | ri Department o | f Health and Senior Ser | vices | |



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 20190 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on April 8, 2020, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1206% (w/vol) ethyl alcohol. The expiration date for this lot number is April 6, 2022 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 FN02271802 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

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):

MO 580-0771 (6-10)

LAB-4 (R6-10)