By Tracy Crews at 12:49 pm, Feb 23, 2021



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 mont Complete this report whenever the instrument is ser Retain the original and send a copy within 15 days t	viced or repaired and wheneve	r it is placed into service.		
NTOX DMT SN NAME OF AGENCY 500250 THAYER POLICE DEPT.		DATE OF INSPECTION 02/21/2021		
LOCATION OF INSTRUMENT (STREET AND CITY) 102 Front Street, Thayer, MO 65791		TIME OF INSPECTION 23:24:53		
CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be	n if found to be satisfactory or is e corrected before using instrun	operating within established limits. (Write in obsment.	erved	
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>02/21/2021 23:24:55</u>	⊠ DETE	CTOR		
☑ PROGRAM	PROGRAM ☑ FILTER 1			
☐ SAMPLE CHAMBER 48.8°C ☐ FILTER 2		R 2	:	
☑ BREATH TUBE 48.1°C ☑ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS	S			
☑ SIMULATOR STANDARD	☐ COMF	PRESSED ETHANOL-GAS MIXTURE		
☑ STANDARD SUPPLIER GUTH	LOT# <u>20190</u>	EXP. DATE <u>04/06/2022</u>		
	SIM. SN <u>MP294</u>	3 SIM. NIST EXP DATE 09/22/20	21	
of .005 or less. Mark the box corresponding to ☑ 0.10% STANDARD - MUST READ BE ☐ 0.08% STANDARD - MUST READ BE ☐ 0.04% STANDARD - MUST READ BE	TWEEN 0.095% AND 0.105% TWEEN 0.076% AND 0.084%	INCLUSIVE		
TEST 1: 0.100	EST 2: 0.100	TEST 3: 0.100		
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
REFUSALS: 0 004: 0 .0	509: 0 .1014:	0 .1519: 0 OVER	.19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ATION THAT WAS MADE TO RESTORE TH	E INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN		
INSPECTING OFFICER		en det en		
SIGNATURE POLIN ROLLIN	PRINT FULL KEVIN	N BETTIS		
TYPE II PERMIT NUMBER 200100	EXPIRATION DATE 02/19/2022	TELEPHONE NUMBER 417-264-3819		
	ath Alcohol Program, Missouri I mail, fax, or email	Department of Health and Senior Services		



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):				
	INTOX DMT			
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sectio 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.				
DATE 2/19/2020	want			
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 200100				
EXPIRES 2/19/2022	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES			

MO 580-0771 (6-10)

LAB-4 (R6-10)