By Tracy Crews at 8:33 am, Jul 29, 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 reg Complete this report whenever the instru Retain the original and send a copy withir	ment is serviced or rep	aired and wh	enever it is placed in		
NAME OF AGENCY 500250 THAYER POLICE DEPT.				07/27/2021	
LOCATION OF INSTRUMENT (STREET AND CITY) 102 Front Street, Thayer, MO 65791				TIME OF INSPECTION 23:33:59	
CHECKLIST: Place a mark in the box by values where determined). Unmarked iter	reach item if found to make must be corrected	be satisfactor before using	ry or is operating wit instrument.	hin established limits. (V	Vrite in observed
☑ DIAGNOSTIC RECORD					
DATE AND TIME <u>07/27/2021 23:</u>	DETECTOR				
☑ PROGRAM 🗵			☑ FILTER 1		
	FILTER 2	FER 2			
☑ BREATH TUBE 48.1°C			] FILTER 3		
X PUMP			INTERNAL STANE	)ARD	
BREATH ANALYZER ACCURACY ST.	ANDARDS				
			COMPRESSED ET	THANOL-GAS MIXTUR	E
☑ STANDARD SUPPLIER GUTH		LOT# <u>20</u>	190	EXP. DATE 04	4/06/2022
☑ SIMULATOR TEMP (34°C ± 0.2°C)_	34.0	SIM. SN N	1P2943	SIM. NIST EXP DATE	09/22/2021
□ CALIBRATION CHECK - (ONLY OF Run three tests using a standard. All of .005 or less. Mark the box corresp.     □ 0.10% STANDARD - MUST.     □ 0.08% STANDARD - MUST.     □ 0.04% STANDARD - MUST.	ponding to the standard READ BETWEEN 0.0 READ BETWEEN 0.0	d being used 095% AND 0 076% AND 0	.105% INCLUSIVE .084% INCLUSIVE	nd must nave a spread	
TEST 1: 0.100	TEST 2: 0.10	10	TEST 3: 0.100		
☑ PERFORM R.F.I. TEST	t			·	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS: 0 004: 1	.0509: 3	.1	014: 0	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY		IS MADE TO RES	TORE THE INSTRUMENT TO	O OPERATE SATISFACTORILY AN	ND WITHIN
INSPECTING OFFICER					
SIGNATURE Ker Relta			PRINT FULL NAME KEVIN BETTIS		
TYPE II PERMIT NUMBER-#200100		ON DATE 0/2022	TELEPHONE NUI 417-264-3		
RETURN COMPLETED REPORT TO	THE Breath Alcohol by mail, fax, or o	Program, Mis email	ssouri Department c	of 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** 



LAB-4 (R6-10)

# PERMIT TYPEII

## KEVIN BETTIS

is hereby authorized to instruct and supervise of and operate the following breath analyzer(s):	perators, train instructors, inspect, calibrate, perform field service and repairs			
INTOX DMT				
for the determination of the alcoholic content of ble 577.020 through 577.041, RSMo and 306.111 the	ood from a sample of expired air. Permit issued under the provisions of sections rough 306.119 RSMo.			
DATE2/19/2020	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 200100				
EXPIRES 2/19/2022	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES			
MD 580-0771 (6-10)	LAB4 (R6-10)			