



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
 BREATH ALCOHOL PROGRAM  
**INTOX DMT MAINTENANCE REPORT**

**RECEIVED** REPORT #1  
 By Carol Day at 12:03 pm, Feb 23, 2015

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).  
 Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.  
 Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX DMT SN 500009	NAME OF AGENCY Sunset Hills PD	DATE OF INSPECTION 08/14/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 3905 S. Lindbergh Sunset Hills MO 63127		TIME OF INSPECTION 07:27:17

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

**DIAGNOSTIC RECORD**

DATE AND TIME <u>08/14/2014 07:27:19</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>46.6°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

**BREATH ANALYZER ACCURACY STANDARDS**

SIMULATOR STANDARD *RSM*  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER SUTH INTOXIMETER LOT # AG400604 EXP. DATE 01/06/2016

SIMULATOR TEMP (34°C ± 0.2°C) \_\_\_\_\_ SIMULATOR SN \_\_\_\_\_ SIMULATOR EXP DATE \_\_\_\_\_

**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: 0.078      TEST 2: 0.080      TEST 3: 0.079

**PERFORM R.F.I. TEST**

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0	0-.04: 0	.05-.09: 0	.10-.14: 0	.15-.19: 1	OVER .19: 0
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)

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**INSPECTING OFFICER**

SIGNATURE <i>Robert J Morris</i>	PRINT FULL NAME ROBERT J MORRIS	
TYPE II PERMIT NUMBER 0229	EXPIRATION DATE 10/17/2015	TELEPHONE NUMBER 314-849-4400

RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services  
 Southeast District Office  
 2875 James Blvd, Poplar Bluff, MO 63901



Airgas USA LLC (LAB)  
3500 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7328

## Certificate of Analysis

Customer Name  
Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

Test Date: 7-Jan-2014

Lot # AG400604

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
6-Jan-2016	108	Ethanol Nitrogen	0.080 ± 0.002 BrAC (208 ppm) Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010681	391.8 ppm	EB0010603	392.5 ppm
EB0010670	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control  
Date: 2014.01.07 09:02:07 -06:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Analyst: \_\_\_\_\_

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

**MESSAGE FROM:**  
 SGT. JEFF MORRIS #86  
 SUNSET HILLS PD  
 314 8494406

**MESSAGE TO:**  
 BREATH ALCOHOL PROGRAM

# Message Reply

**SUBJECT:**  
 MAINTENANCE REPORTS  
 7/12/14 - 2/12/15

URGENT     ASAP     NO REPLY

**MESSAGE**  
 IT WAS BROUGHT TO MY ATTENTION ON THE ABOVE MAINTENANCE REPORTS, I INCORRECTLY LISTED THE SUPPLIER OF THE DRY GAS AS GUTH WHICH SHOULD HAVE BEEN INTOXMETER. I CORRECTED THEM BY HAND AND INITIALED THEM AND THEY ARE ENCLOSED. NO DEVIATION TO THE ACTUAL MAINTENANCE OCCURRED.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

**REPLY**  
 PLEASE LET ME KNOW IF THIS WILL SUFFICE AND CALL ME AT 3148494400. I WILL CONTACT THE ST. LOUIS COUNTY GENERAL COUNSELS OFFICE ON 2-18-15 TO INFORM THEM OF MY ERROR.

DATE 2-17-15 SIGNED SGT MORRIS 86