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

INTOX DMT MAINTENANCE REPORT

RECEIVED
By Carol Day at 12:04 pm, Feb 23, 2015

REPORT #1

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	NAME OF AGENCY	DATE OF INSPECTION
500009	Sunset Hills PD	09/15/2014
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
3905 S. Lindbergh Sunset Hills MO 63127		19:55:35

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 09/15/2014 19:55:37 ☒ DETECTOR

☒ PROGRAM ☒ FILTER 1

☒ SAMPLE CHAMBER 48.7°C ☒ FILTER 2

☒ BREATH TUBE 45.4°C ☒ FILTER 3

☒ PUMP ☒ INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

☐ SIMULATOR STANDARD RJM ☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER ~~GUTH~~ 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: 0.080	TEST 2: 0.079	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: 1	0-.04: 0	.05-.09: 1	.10-.14: 2	.15-.19: 1	OVER .19: 0

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)

INSPECTING OFFICER

SIGNATURE		PRINT FULL NAME
R Morris 86		ROBERT J MORRIS
TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER
230229	10/17/2015	314-849-4400

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

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

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

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

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

Serial No.	Concentration	Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	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
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

Message Reply

MESSAGE FROM:
SGT. JEFF MORRIS #86
SUNSET HILLS PD
314 8494400

MESSAGE TO:
BREATH ALCOHOL PROGRAM

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 INTOXIMETER. 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

SENDER - Keep yellow part - send white and pink parts intact. **RECIPIENT** - Reply on pink copy - Retain white copy