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

RECEIVED
By Carol Day at 3:34 pm, May 12, 2014

INTOX DMT MAINTENANCE REPORT

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
500058	Missouri State Highway Patrol	05/04/2014
LOCATION OF INSTRUMENT (STREET AND CITY)		**TIME OF INSPECTION**
106 S. Folger St., Carrollton, MO 64633		01:18:43

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 05/04/2014 01:18:46	☒ DETECTOR
☒ PROGRAM	☒ FILTER 1
☒ SAMPLE CHAMBER 48.9°C	☒ FILTER 2
☒ BREATH TUBE 43.4°C	☒ FILTER 3
☒ PUMP	☒ INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

☒ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER REPCO LOT # 13001 EXP. DATE 03/07/2015

☒ SIMULATOR TEMP (34°C ± 0.2°C) 34.0 | SIMULATOR SN G11041 | SIMULATOR EXP DATE 09/09/2014

☒ 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: 0.099	TEST 2: 0.100	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	0-.04: 0	.05-.09: 0	.10-.14: 0	.15-.19: 0	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)

Dry Gas canister not within specifications, conducted calibration and switched to wet bath simulator

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME
TPR [signature]	CLAY D MOELLER

TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER
240064	03/07/2016	816-622-0800

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

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

REPCO MARKETING INC.

3101-188 STONYBROOK DRIVE
RALEIGH, N.C. 27604
919-876-5480

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.
LOT NUMBER: 13001
EXPIRATION DATE: March 7, 2015 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number **13001** of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain **.1215** gms/dl +/-.003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interferring substance.

This solution will produce a vapor alcohol value of **.100** +/-3% gms/210L Breath when heated to 34 Degrees Celsius +/-0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is **March 8, 2013** The expiration date for this lot number is **March 7, 2015** at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.

Cecil B. Garner

Cecil B. Garner, President
RepCo Marketing, Inc.

Form RM 02

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

2

PERMIT

TYPE II

CLAY D MOELLER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 3/7/2014

NUMBER 240064

EXPIRES 3/7/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator MOELLER, CLAY
Permit No 240064
Date Issued 3/7/2014 **Date Expires** 3/7/2016