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

INTOX DMT MAINTENANCE REPORT

REPORT #1

received 1/24/14-cd

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.

REVIEWED
By Carol Day at 10:17 am, Feb 03, 2014

INTOX DMT SN	NAME OF AGENCY	DATE OF INSPECTION
500155	Missouri State Highway Patrol	01/13/2014
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
2920 North Shamrock Road, Jefferson City		15:41:09

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 01/13/2014 15:41:11

☒ DETECTOR
☒ PROGRAM
☒ FILTER 1
☒ SAMPLE CHAMBER 48.7°C
☒ FILTER 2
☒ BREATH TUBE 45.6°C
☒ FILTER 3
☒ PUMP
☒ INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

☐ SIMULATOR STANDARD
☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER INTOXIMETERS LOT # AG224901 EXP. DATE 09/05/2014

☐ 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: 0.078	TEST 3: 0.078

☒ 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)

INSPECTING OFFICER

SIGNATURE		PRINT FULL NAME
		DEWAYNE D CARVER
TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER
230101	05/28/2015	573-751-4722

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

Airgas Mid America (LABORATORY)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

Test Date: 6-Sep-2012

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

Dear Sir,

This is your Certificate of Analysis:

Exp. Date	Cyl. Type	Component	Certified Concentration
9/5/2014	108	Ethanol	0.080 ± 0.002 BrAC (208 ppm)
		Nitrogen	Balance

Lot # AG224901

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

Serial No.	Concentration	Serial No.	Concentration
EB0010581	391.5 ppm	EB0010603	390.9 ppm
EB0010570	258.4 ppm	EB0010559	258.3 ppm
EB0010285	208.9 ppm	EB0010595	209.2 ppm
EB0010561	101.9 ppm	EB0010562	104.9 ppm
EB0010681	53.0 ppm	EB0010579	52.4 ppm

Analytical Method: NDIR

Analyst: _____

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

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PERMIT

TYPE II

DEWAYNE D CARVER

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

ALCO-SENSOR IV W/PRINTER, 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 05/28/2013

NUMBER 230101

EXPIRES 05/28/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)