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 9:52 am, Dec 18, 2014

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
500210	Henry County Sheriff's Office	12/14/2014
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
200 N. Main Clinton		13:00:43

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 12/14/2014 13:00:45

☒ DETECTOR
☒ PROGRAM
☒ FILTER 1
☒ SAMPLE CHAMBER 48.7°C
☒ FILTER 2
☒ BREATH TUBE 46.7°C
☒ FILTER 3
☒ PUMP
☒ INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

☐ SIMULATOR STANDARD
☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER INTOXIMETERS LOT # AG333101 EXP. DATE 11/27/2015

☐ 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: 0.096	TEST 2: 0.097	TEST 3: 0.096

☒ 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
		JASON L GILLESPIE
TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER
240229	05/12/2016	660-885-7300

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 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: 5-Dec-2013

Lot # AG333101

Exp. Date	Cyl. Type	Component	Certified Concentration
27-Nov-2015	108	Ethanol	0.100 ± 2% BrAC (260 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: 2013.12.05 10:43:46 -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

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

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PERMIT

TYPE II

JASON GILLESPIE

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 5/12/2014

NUMBER 240229

EXPIRES 5/12/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R5-10)

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 GILLESPIE, JASON
Permit No 240229
Date Issued 5/12/2014 **Date Expires** 5/12/2016

RECEIVED
By Carol Day at 2:08 pm, May 06, 2014

APPROVED
By Brian Lutmer at 11:16 am, May 12, 2014

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

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR: ☒ NEW PERMIT ☐ RENEWAL

CURRENT PERMIT NUMBER AND EXPIRATION DATE: 220418 12-27-14

PRINT FULL NAME: Jason Gillespie

TITLE: Corporal

AGE: 36

[redacted]

A disclosure concerning your SSN number is available at: http://www.health.mo.gov/lab/breathalcohol/

DEPARTMENT OR TROOP: Henry County Sheriff

TELEPHONE: 660 885 7302

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE): 200 N. Main Clinton MO 64735

EMAIL ADDRESS: hcsolldo@gmail.com

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLEASE PRINT INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
2010	MSC/ucm	40	Datamaster	☑	Rob Welch
Dec 12-14 2012	MSC/ucm	40	Supervisor Course	☑	Lutmer Welsh
12/17-18/12	MSC/ucmo	16	Data master	☑	Welsh
5-1 5-2/14	MSC/ucm	14	Intox / DMT	☑	Welsh

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

OK BML

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. DM	12	10
2.		
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT: [signature]

DATE: 5-1-14

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2876 James Blvd.
Poplar Bluff, MO 63901