



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

**RECEIVED**  
 By Carol Day at 3:08 pm, Jun 17, 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 <b>500005</b>	NAME OF AGENCY <b>St. Louis County Police Department</b>	DATE OF INSPECTION <b>06/13/2015</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>West County Precinct 232 Vance Rd, Valley Park MO</b>		TIME OF INSPECTION <b>09:06:59</b>

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>06/13/2015 09:07:01</u>	<input checked="" type="checkbox"/> <b>DETECTOR</b>
<input checked="" type="checkbox"/> <b>PROGRAM</b>	<input checked="" type="checkbox"/> <b>FILTER 1</b>
<input checked="" type="checkbox"/> <b>SAMPLE CHAMBER 48.8°C</b>	<input checked="" type="checkbox"/> <b>FILTER 2</b>
<input checked="" type="checkbox"/> <b>BREATH TUBE 42.7°C</b>	<input checked="" type="checkbox"/> <b>FILTER 3</b>
<input checked="" type="checkbox"/> <b>PUMP</b>	<input checked="" type="checkbox"/> <b>INTERNAL STANDARD</b>

**BREATH ANALYZER ACCURACY STANDARDS**

**SIMULATOR STANDARD**                       **COMPRESSED ETHANOL-GAS MIXTURE**

**STANDARD SUPPLIER INTOXIMETERS**                      LOT # AG418902                      EXP. DATE 07/08/2016

**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: **0.100**                      TEST 2: **0.099**                      TEST 3: **0.100**

**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: **1**                      .15-.19: **0**                      OVER .19: **2**

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)

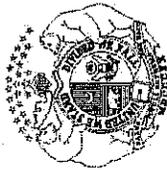
\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INSPECTING OFFICER**

SIGNATURE *P. Day 2015*                      PRINT FULL NAME **DONALD M JACQUIN**

TYPE II PERMIT NUMBER **240392**                      EXPIRATION DATE **11/13/2016**                      TELEPHONE NUMBER **314-889-8612**

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**



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



**PERMIT  
TYPE II**

**DONALD M JACQUIN**

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 11/13/2014

NUMBER 240392

EXPIRES 11/13/2016

*W. V. Vesterberg*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Darl Vesterberg*

acting director  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (06-10)

MO 596-0771 (6-10)



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:** 8-Jul-2014

**Lot #** AG418902

**Exp. Date**

8-Jul-2016

**Cyl. Type**

108

**Component**

Ethanol  
Nitrogen

**Certified Concentration**

0.100 ± 2% BrAC (260 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>
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: 2014.07.08 16:23:57 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

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

Rod Marsala

**ISO 17025:2005 A2LA accredited. Certificate Number 2989.01**