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By Brian Lutmer at 12:58 pm, Oct 14, 2015



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
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<br>500106   | NAME OF AGENCY<br>Missouri State Highway Patrol | DATE OF INSPECTION<br>09/30/2015 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>Shelby County SO, 100 E. Main St., Shelbyville, MO |   | TIME OF INSPECTION<br>18:55:34   |

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.

|  |   |
|--|---|
| <input checked="" type="checkbox"/> DIAGNOSTIC RECORD            |   |
| DATE AND TIME <u>09/30/2015 18:55:36</u>                         | <input checked="" type="checkbox"/> DETECTOR          |
| <input checked="" type="checkbox"/> PROGRAM                      | <input checked="" type="checkbox"/> FILTER 1          |
| <input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u> | <input checked="" type="checkbox"/> FILTER 2          |
| <input checked="" type="checkbox"/> BREATH TUBE <u>47.4°C</u>    | <input checked="" type="checkbox"/> FILTER 3          |
| <input checked="" type="checkbox"/> PUMP                         | <input checked="" type="checkbox"/> INTERNAL STANDARD |

|   |  |                    |
|---|--|--------------------|
| BREATH ANALYZER ACCURACY STANDARDS  |  |                    |
| <input type="checkbox"/> SIMULATOR STANDARD   | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |                    |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>AIRGAS</u> <u>INTOXIMETERS</u> LOT # <u>AG516801</u> EXP. DATE <u>06/16/2017</u> |  |                    |
| <input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C)  | SIMULATOR SN   | SIMULATOR EXP DATE |

|   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)<br>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. |  |  |
| <input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE  |  |  |
| <input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE   |  |  |
| <input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE   |  |  |

|               |               |               |
|---------------|---------------|---------------|
| TEST 1: 0.097 | TEST 2: 0.098 | TEST 3: 0.097 |
|---------------|---------------|---------------|

|   |
|---|
| <input checked="" type="checkbox"/> 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)

ASSUMING RESPONSIBILITY OF INSTRUMENT DUE TO TRANSFER OF E.F. BROWN #173

|                                  |                                  |
|----------------------------------|----------------------------------|
| INSPECTING OFFICER               |                                  |
| SIGNATURE<br><i>CHAD D PRIMM</i> | PRINT FULL NAME<br>CHAD D PRIMM  |
| TYPE II PERMIT NUMBER<br>240147  | TELEPHONE NUMBER<br>660-385-2132 |

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



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:** 17-Jun-2015

Lot # AG516801

|  |                                |  |   |
|--|--------------------------------|--|---|
| <b><u>Exp. Date</u></b><br>17-Jun-2017 | <b><u>Cyl. Type</u></b><br>108 | <b><u>Component</u></b><br>Ethanol<br>Nitrogen | <b><u>Certified Concentration</u></b><br>0.100 ± 2% BrAC (260 ppm)<br>Balance |
|--|--------------------------------|--|---|

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

| <b><u>Serial No.</u></b> | <b><u>Concentration</u></b> | <b><u>Serial No.</u></b> | <b><u>Concentration</u></b> |
|--------------------------|-----------------------------|--------------------------|-----------------------------|
| 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: 2015.06.17 15:18:11 -05:00  
 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**



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

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**PERMIT**  
**TYPE II**  
**CHAD D PRIMM**

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 4/21/2014

NUMBER 240147

EXPIRES 4/21/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 PRIMM, CHAD  
 Permit No 240147  
 Date Issued 4/21/2014 Date Expires 4/21/2016