



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 12:51 pm, Aug 10, 2015

Complete this report at the time of the regular monthly preventive maintenance of the instrument. 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 500119 | NAME OF AGENCY Missouri State Highway Patrol | DATE OF INSPECTION 08/09/2015 |
| LOCATION OF INSTRUMENT (STREET AND CITY) Doniphan Police Department | | TIME OF INSPECTION 19:24:50 |

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>08/09/2015 19:24:53</u> | <input checked="" type="checkbox"/> DETECTOR |
| <input checked="" type="checkbox"/> PROGRAM | <input checked="" type="checkbox"/> FILTER 1 |
| <input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°C</u> | <input checked="" type="checkbox"/> FILTER 2 |
| <input checked="" type="checkbox"/> BREATH TUBE <u>47.3°C</u> | <input checked="" type="checkbox"/> FILTER 3 |
| <input checked="" type="checkbox"/> PUMP | <input checked="" type="checkbox"/> INTERNAL STANDARD |

BREATH ANALYZER ACCURACY STANDARDS

SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS LOT # AG516802 EXP. DATE 06/17/2017

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

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: 2 | .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 <i>R B Arnold</i> | PRINT FULL NAME R B ARNOLD |
|-----------------------------|--------------------------------------|

| | | |
|--|--------------------------------------|---|
| TYPE II PERMIT NUMBER 240083 | EXPIRATION DATE 03/11/2016 | TELEPHONE NUMBER 573-840-9500 |
|--|--------------------------------------|---|

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 # AG516802

| <u>Exp. Date</u> | <u>Cyl. Type</u> | <u>Component</u> | <u>Certified Concentration</u> |
|------------------|------------------|---------------------|--------------------------------------|
| 17-Jun-2017 | 108 | Ethanol Nitrogen | 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: 2015.06.17 16:33:12 -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



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

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**PERMIT
TYPE II**

RUSSELL B ARNOLD

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 3/11/2014

NUMBER 240083

EXPIRES 3/11/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (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 ARNOLD, RUSSELL
Permit No 240083
Date Issued 3/11/2014 Date Expires 3/11/2016

IN THE CIRCUIT COURT OF RIPLEY COUNTY, MISSOURI

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Intox DMT:
Serial #500119
Date of Report:08/09/2017

AFFIDAVIT IN LIEU OF APPEARANCE ON SUBPOENA

THE STATE OF MISSOURI

COUNTY OF RIPLEY

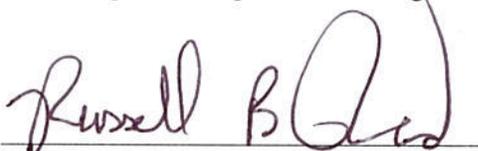
AFFIDAVIT

Before me, the undersigned authority, personally appeared, Russell B. Arnold, who, being by me duly sworn, deposes as follows:

My name is Russell B. Arnold, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

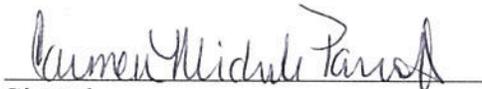
I am the custodian of records of the INTOX DMT MAINTENANCE REPORTS for the aforementioned Intox DMT Instrument, for THE MISSOURI STATE HIGHWAY PATROL TROOP E.

Attached hereto are 3 pages of records from the MISSOURI STATE HIGHWAY PATROL for an employee or representative of the MISSOURI STATE HIGHWAY PATROL, with knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made near the time of the act, event, condition, opinion, or diagnosis. The records attached are the original or exact duplicate copies of the original.



Affiant

In witness where I have hereunto subscribed my name and affixed my official seal this 10th day of August, 2015.



Signed

Seal

