



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

**RECEIVED**

By Carol Day at 10:04 am, Sep 01, 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 500222	NAME OF AGENCY Cape Girardeau	DATE OF INSPECTION 08/26/2015
LOCATION OF INSTRUMENT (STREET AND CITY) Police Dept.		TIME OF INSPECTION 16:49:04

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>08/26/2015 16:49:06</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>41.8°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
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG425202</u>	EXP. DATE <u>09/09/2016</u>
<input type="checkbox"/> 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.

<input type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input checked="" 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: 0.077	TEST 2: 0.077	TEST 3: 0.077
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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
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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>Ryan J Droege</i>	PRINT FULL NAME RYAN J DROEGE
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TYPE II PERMIT NUMBER 240444	EXPIRATION DATE 12/22/2016	TELEPHONE NUMBER 573-335-6621
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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:** 10-Sep-2014

**Lot #** AG425202

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
9-Sep-2016	108	Ethanol Nitrogen	0.080 ± 0.002 BrAC (208 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: 2014.09.10 12:15:10 -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**

**RYAN J DROEGE**

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 WITH PRINTER, 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 12/22/2014

NUMBER 240444

EXPIRES 12/22/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (5-10)

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.*



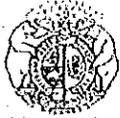
Operator DROEGE, RYAN  
 Permit No 240444  
 Date Issued 12/22/2014 Date Expires 12/22/2016

RECEIVED

By Carol Day at 12:19 pm, Dec 23, 2014

APPROVED

By Brian Lutmer at 2:40 pm, Dec 23, 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  
 240389    11/13/2016

PRINT FULL NAME    TITLE    AGE  
 Ryan Joseph Droege    Patrolman    29

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

DEPARTMENT OR TROOP    TELEPHONE  
 Cape Girardeau Police Department    573 335 6621

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)  
 40 S Sprigg Cape Girardeau, MO 63703

EMAIL ADDRESS  
 rdroege@cityofcapegirardeau.org

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	PLACE CHECKMARKS FOR INSTRUMENTS YOU REQUEST	NAME OF INSTRUCTOR
9/2011	SEMO LEA		DATAMASTER	<input type="checkbox"/>	Eddy
10/30/14	MSHP Academy		Intox DMT	<input checked="" type="checkbox"/>	Armistead
12/17/14	Missouri Safety Center	8	AS-HI	<input checked="" type="checkbox"/>	Welsh
				<input type="checkbox"/>	

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. <b>INTOX DMT</b>	2 MR'S OK BML	5 SELF-TESTS OK BML
2. <b>ALCO-SENSOR IV W/ PRINTER</b>	8 MR'S OK BML	10 SELF-TESTS OK BML
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    DATE  
 [Signature]    12/17/14

RETURN COMPLETED APPLICATION TO THE:    Breath Alcohol Program, Missouri Department of Health and Senior Services  
 Southeast District Office  
 2875 James Blvd.  
 Poplar Bluff, MO 63901