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By Brian Lutmer at 9:58 am, Jan 19, 2016



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 500021 | NAME OF AGENCY Odessa Police Department | DATE OF INSPECTION 01/15/2016 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 310 South First St, Odessa MO 64076 | | TIME OF INSPECTION 14:19:53 |

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>01/15/2016 14:19:55</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>46.1°C</u> | <input checked="" type="checkbox"/> FILTER 3 |
| <input checked="" type="checkbox"/> PUMP | <input checked="" type="checkbox"/> INTERNAL STANDARD |

| | |
|---|---|
| BREATH ANALYZER ACCURACY STANDARDS | |
| <input checked="" type="checkbox"/> SIMULATOR STANDARD | <input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>REPCO</u> | LOT # <u>15001</u> EXP. DATE <u>05/20/2017</u> |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> | SIMULATOR SN <u>SD2673</u> SIMULATOR EXP DATE <u>01/15/2017</u> |

| |
|---|
| <input checked="" type="checkbox"/> 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 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: 0.096 | TEST 2: 0.097 | 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: 1 | 0-.04: 0 | .05-.09: 2 | .10-.14: 0 | .15-.19: 1 | 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 CHRISTOPHER L BODENHAMER | |
| TYPE II PERMIT NUMBER 240226 | EXPIRATION DATE 05/12/2016 | TELEPHONE NUMBER 816-633-7575 |

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

DIAGNOSTIC RECORD

Odessa Police Department
INTOX dmt: 500021

Date: 01/15/2016
Time: 14:16:47

VERSIONS
Missouri DHSS Version: 1.00

TEMPERATURES

| | |
|-------------------------|--------|
| Sample Chamber = 48.8°C | PASSED |
| Breath Tube = 46.3°C | PASSED |
| Simulator Hose = 45.1°C | PASSED |

PUMP INFO
Flow Rate = 5.346 L/M PASSED

DETECTOR INFO
PUMP ON PASSED
PUMP OFF PASSED

FILTER INFO
Filter 1 PASSED
Filter 2 PASSED
Filter 3 PASSED

INTERNAL STANDARD
Xq = 0.073 1.06% PASSED

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.

LOT NUMBER: 15001

EXPIRATION DATE: May 20, 2017 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 15001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1206 gms/dl +/-0.003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of .100 +/-3% gms/210L Breath when heated to 34 Degrees Celsius +/-0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is May 21, 2015
The expiration date for this lot number is May 20, 2017 at
11:59 p.m.

This document is a true representation of the original Certificate of Analysis.



Cecil B. Garner, President
RepCo Marketing, Inc.



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



PERMIT
 TYPE II

CHRISTOPHER BODENHAMER

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 808.110 through 808.119 RSMo.

ISSUED 5/12/2014

PERMIT NO. 240226

RENEWAL DATE 5/12/2016

771 (6-10)

[Signature]
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LABA (R-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 BODENHAMER, CHRISTOPHER
 Permit No 240226
 Date Issued 5/12/2014 Date Expires 5/12/2016