

**RECEIVED**

By Ellen Strawsine at 8:30 am, Mar 30, 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 <b>500088</b>	NAME OF AGENCY <b>Missouri State Highway Patrol</b>	DATE OF INSPECTION <b>03/28/2016</b>
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LOCATION OF INSTRUMENT (STREET AND CITY) <b>2920 N. Shamrock, Jefferson City</b>	TIME OF INSPECTION <b>13:33:33</b>
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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"/> <b>DIAGNOSTIC RECORD</b>
DATE AND TIME <u>03/28/2016 13:33:35</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 <u>48.8°C</u></b> <input checked="" type="checkbox"/> <b>FILTER 2</b>
<input checked="" type="checkbox"/> <b>BREATH TUBE <u>46.6°C</u></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**

<input type="checkbox"/> <b>SIMULATOR STANDARD</b>	<input checked="" type="checkbox"/> <b>COMPRESSED ETHANOL-GAS MIXTURE</b>
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<input checked="" type="checkbox"/> <b>STANDARD SUPPLIER <u>INTOXIMETERS</u></b> <b>LOT # <u>AG516801</u></b> <b>EXP. DATE <u>06/17/2017</u></b>
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<input type="checkbox"/> <b>SIMULATOR TEMP (34°C ± 0.2°C) _____</b>	<b>SIMULATOR SN _____</b>	<b>SIMULATOR EXP DATE _____</b>
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**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"/> <b>0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</b>
<input type="checkbox"/> <b>0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</b>
<input type="checkbox"/> <b>0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</b>

<b>TEST 1: 0.099</b>	<b>TEST 2: 0.098</b>	<b>TEST 3: 0.098</b>
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**PERFORM R.F.I. TEST**

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:**

<b>REFUSALS: 0</b>	<b>0-.04: 0</b>	<b>.05-.09: 0</b>	<b>.10-.14: 0</b>	<b>.15-.19: 0</b>	<b>OVER .19: 0</b>
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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)

Filter wheel cleaned and instrument calibrated. Breath tube holder replaced

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME <b>JIMMY L CLEVELAND</b>
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TYPE II PERMIT NUMBER <b>250155</b>	EXPIRATION DATE <b>07/22/2017</b>	TELEPHONE NUMBER <b>573-526-6193</b>
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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**

CALIBRATION FACTORS

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Missouri State Highway Patrol  
INTOX dmt: 500088  
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Date: 03/25/2016  
Time: 11:53:09

OPERATOR NAME:  
JIMMY L CLEVELAND  
PERMIT NUMBER: 250155  
EXPIRATION DATE: 07/22/2017  
MISC:  
GUTH 12V500 SER MP2316 EXP 031517

LOT #: 14001  
SUPPLIER: REPCO  
EXPIRATION: 04/30/2016

Ca = 0.1000  
ADJ = 1.011972    0.800 <= ADJ < 1.200  
b1 = 0.0000    0.0000 <= b1 < 0.0040  
b2 = 0.0062    0.0010 <= b2 < 0.0100  
b3 = 0.0004    0.0000 <= b3 < 0.0040  
Xq = 0.0868    0.0500 <= Xq < 0.2500  
a21 = 1.201506    1.050 <= a21 < 1.300  
a31 = 0.418607    0.300 <= a31 < 0.800

A handwritten signature in black ink, appearing to be 'J. Cleveland', is located at the bottom left of the page.



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

**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**

**JIMMY L CLEVELAND**

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 7/22/2015

NUMBER 250155

EXPIRES 7/22/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 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 CLEVELAND, JIMMY  
 Permit No 250155  
 Date Issued 7/22/2015 Date Expires 7/22/2017

**CERTIFICATE OF ANALYSIS**

**MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.**

**LOT NUMBER: 14001**

**EXPIRATION DATE: April 30, 2016 at 11:59 p.m.**

RepCo Marketing, Inc. certifies the following:

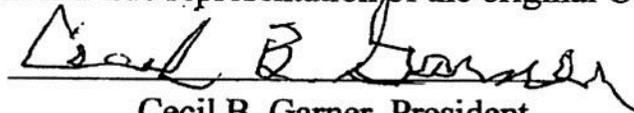
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 14001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1216 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

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 1, 2014  
The expiration date for this lot number is April 30, 2016 at  
11:59 p.m.

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



Cecil B. Garner, President  
RepCo Marketing, Inc.