



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 500109 | NAME OF AGENCY Missouri State Highway Patrol | DATE OF INSPECTION 02/22/2016 |
| LOCATION OF INSTRUMENT (STREET AND CITY) Maries County Sheriff's Department, Vienna, MO | | TIME OF INSPECTION 10:16:00 |

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>02/22/2016 10:16:02</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>45.9°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 |
|--|---|

STANDARD SUPPLIER REPCO LOT # 14001 EXP. DATE 04/30/2016

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 SIMULATOR SN MP2517 SIMULATOR EXP DATE 09/24/2016

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: 0.101 TEST 2: 0.100 TEST 3: 0.101

PERFORM R.F.I. TEST

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

| | | | | | |
|--------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|---------------------------|
| REFUSALS: <u>0</u> | <u>0</u> - <u>04</u> : <u>10</u> | <u>05</u> - <u>09</u> : <u>0</u> | <u>10</u> - <u>14</u> : <u>1</u> | <u>15</u> - <u>19</u> : <u>2</u> | OVER <u>19</u> : <u>0</u> |
|--------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|---------------------------|

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>CPL M.A. Goodson</i> | PRINT FULL NAME MATTHEW A GOODSON |
|--------------------------------------|---|

| | | |
|--|--------------------------------------|---|
| TYPE II PERMIT NUMBER 260019 | EXPIRATION DATE 01/15/2018 | TELEPHONE NUMBER 573-368-2345 |
|--|--------------------------------------|---|

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

STANDARD CHANGE

Missouri State Highway Patrol
INTOX dmt: 500109

Date: 02/22/2016
Time: 10:11:40

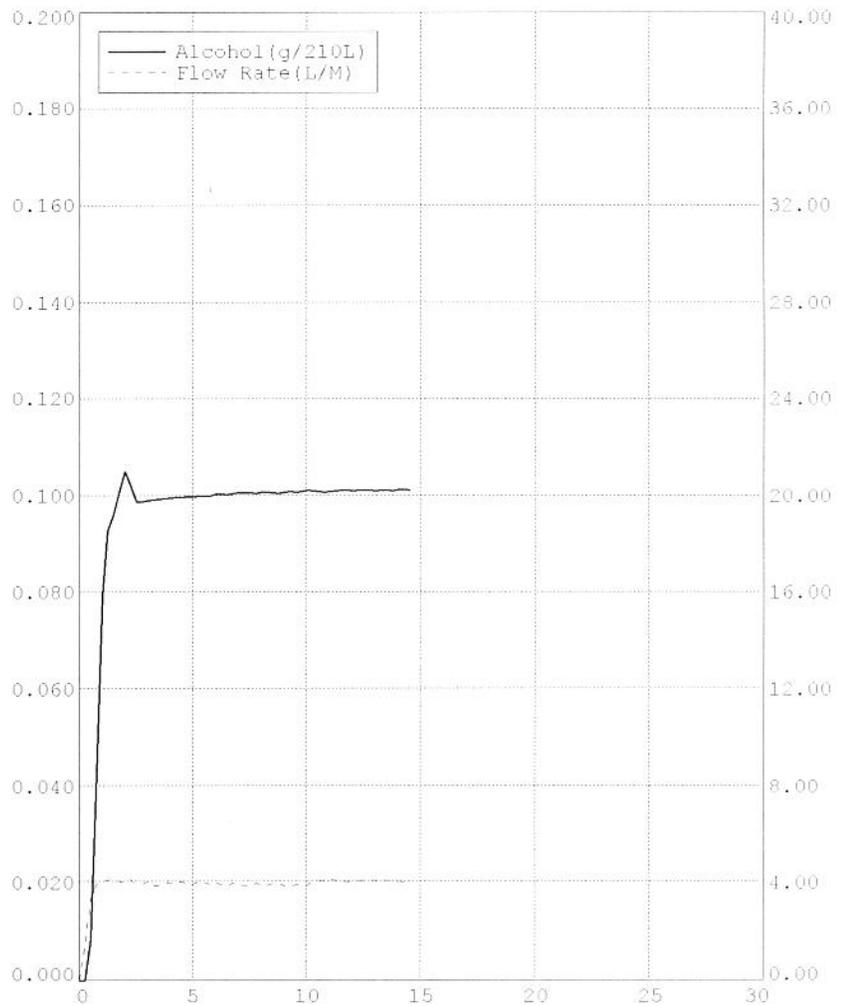
OPERATOR NAME:
MATTHEW A GOODSON
PERMIT NUMBER: 260019
EXPIRATION DATE: 01/15/2018

LOT #: 14001
SUPPLIER: REPCO
EXPIRATION: 04/30/2016
SIMULATOR TYPE: WET BATH

STANDARD INFORMATION
CONCENTRATION: 0.100

| | | |
|-------------------|----------|-------|
| BLANK TEST | 0.000 | 10:12 |
| INTERNAL STANDARD | VERIFIED | 10:12 |
| EXTERNAL STANDARD | 0.102 | 10:13 |
| BLANK TEST | 0.000 | 10:14 |

Average = 0.1020
Std Dev = 0.0000
Spread = 0.0000



CPL MA Goodson

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:

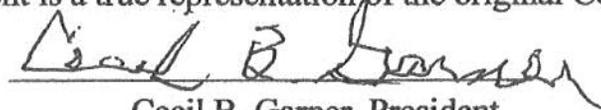
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 14001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1216 gms/dl +/-0.003 gms/dl wt/vol ethanol (95% Confidence).

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 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.



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



**PERMIT
TYPE II**

MATTHEW A GOODSON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

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 1/15/2016

NUMBER 260019

EXPIRES 1/15/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 GOODSON, MATTHEW
Permit No 260019
Date Issued 1/15/2016 Date Expires 1/15/2018