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*By Carol Day at 3:59 pm, Mar 31, 2016*

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

# INTOX DMT MAINTENANCE REPORT

MSHP INV # 142805

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 | NAME OF AGENCY | DATE OF INSPECTION |
|---|---|---|
| 500174 | Missouri State Highway Patrol | 03/29/2016 |
| LOCATION OF INSTRUMENT (STREET AND CITY) | | TIME OF INSPECTION |
| 519 North Grand Ave., Houston, MO | | 17:55:21 |

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 03/29/2016 17:55:23 ☒ DETECTOR

☒ PROGRAM ☒ FILTER 1

☒ SAMPLE CHAMBER 48.7°C ☒ FILTER 2

☒ BREATH TUBE 44.4°C ☒ FILTER 3

☒ PUMP ☒ INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

☐ SIMULATOR STANDARD ☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER CMI LOT # 25814080A3 EXP. DATE 10/05/2016

☐ 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: 0.076 | TEST 2: 0.076 | TEST 3: 0.077 |
|---|---|---|

☒ PERFORM R.F.I. TEST

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

| REFUSALS: 0 | 0-.04: 14 | .05-.09: 2 | .10-.14: 2 | .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 |
|---|---|
| TPR SJ CREWSE | STACY J CREWSE |

| TYPE II PERMIT NUMBER | EXPIRATION DATE | TELEPHONE NUMBER |
|---|---|---|
| 260071 | 02/18/2018 | 417-469-3121 |

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


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# Certificate of Analysis

**Certificate ID:** 7199

**Part #:** BAC108L080T
**Cylinder Size:** 108L
**Lot Number:** 25814080A3
**Expiration:** 10/5/2016

**0.080 BAC (For the calibration of instruments used to determine breath alcohol concentration)**

**Contents:** 108 Liters @ 1200 psig 70°F (21°C)

| Component: | Concentration: | Accuracy: | Method: |
|---|---|---|---|
| Ethanol | 208 ppm | +/- 0.002 or 2% BAC whichever is greater | NDIR |
| Nitrogen | balance | | |

*NIST Standard Reference Material
Cylinder No. CC14290 / Job No. 09160202
Certified 212.8 µmol/mol Ethanol in Nitrogen
for ILMO Products Co., Jacksonville, IL

Store in dry area, away from sources of heat, ignition and direct sunlight. Do not allow storage area to exceed 52 °C (125 °F).

Jacob Mattes
Specialty Gas Lab Tech

09/25/14
Date

ISO/IEC 17025:2005 Accredited Laboratory

Distributed by: CMI Inc.
316 East Ninth Street
Owensboro, KY 42303
Phone 866-835-0690
www.alcoholtest.com

# STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

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# PERMIT

## TYPE II

# STACY J CREWSE

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 2/18/2016

NUMBER 260071

EXPIRES 2/18/2018

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** CREWSE, STACY
**Permit No** 260071
**Date Issued** 2/18/2016 **Date Expires** 2/18/2018