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

# INTOX DMT MAINTENANCE REPORT

**RECEIVED**
**By Carol Day at 8:45 am, Jul 05, 2016**

REPORT #1

Complete this report at the time of the regular monthly preventive main
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 |
|---|---|---|
| 500108 | Missouri State Highway Patrol | 06/30/2016 |
| LOCATION OF INSTRUMENT (STREET AND CITY) | | TIME OF INSPECTION |
| 1915 W. Arrow Street, Marshall, MO 65340 | | 17:26:30 |

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 06/30/2016 17:26:32 — ☒ DETECTOR

☒ PROGRAM — ☒ FILTER 1

☒ SAMPLE CHAMBER 48.7°C — ☒ FILTER 2

☒ BREATH TUBE 47.5°C — ☒ FILTER 3

☒ PUMP — ☒ INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

☐ SIMULATOR STANDARD — ☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER INTOXIMETER LOT # AG516801 EXP. DATE 06/17/2017

☐ 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: 0.096 | TEST 2: 0.096 | TEST 3: 0.096 |
|---|---|---|

☒ PERFORM R.F.I. TEST

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

| REFUSALS: 0 | 0-.04: 1 | 05-.09: 0 | 10-.14: 3 | .15-.19: 2 | OVER .19: 2 |
|---|---|---|---|---|---|

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 |
|---|---|---|
| | | SHON E DODSON |
| TYPE II PERMIT NUMBER | EXPIRATION DATE | TELEPHONE NUMBER |
| 250184 | 08/18/2017 | |

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:** 17-Jun-2015

## Lot # AG516801

| Exp. Date | Cyl. Type | Component | Certified Concentration |
|---|---|---|---|
| 17-Jun-2017 | 108 | Ethanol | 0.100 ± 2% BrAC (260 ppm) |
| | | Nitrogen | Balance |

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

| Serial No. | Concentration | Serial No. | Concentration |
|---|---|---|---|
| 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
Rod Marsala

*ISO 17025:2005 A2LA accredited. Certificate Number 2989.01*

STATE OF MISSOURI
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BREATH ALCOHOL PROGRAM

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# PERMIT
## TYPE II
## SHON E DODSON

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 8/18/2015

NUMBER 250184

EXPIRES 8/18/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (06-10)

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 DODSON, SHON
Permit No 250184
Date Issued 8/18/2015 Date Expires 8/18/2017