

RECEIVED

By Carol Day at 8:02 am, Aug 18, 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 500182 | NAME OF AGENCY Missouri State Highway Patrol | DATE OF INSPECTION 08/07/2016 |
| LOCATION OF INSTRUMENT (STREET AND CITY) Buchanan Co LEC, 501 Faraon St, St. Joseph | | TIME OF INSPECTION 11:43:29 |

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>08/07/2016 11:43:31</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>45.0°C</u> | <input checked="" type="checkbox"/> FILTER 3 |
| <input checked="" type="checkbox"/> PUMP | <input checked="" type="checkbox"/> INTERNAL STANDARD |

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|---|--|
| BREATH ANALYZER ACCURACY STANDARDS | |
| <input type="checkbox"/> SIMULATOR STANDARD | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |

| | | |
|---|-----------------------|-----------------------------|
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u> | LOT # <u>AG615304</u> | EXP. DATE <u>06/01/2018</u> |
| <input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____ | SIMULATOR SN _____ | SIMULATOR EXP DATE _____ |

| | |
|---|--|
| <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: 0.097 | TEST 2: 0.096 | 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: 0 | 0-.04: 0 | .05-.09: 1 | .10-.14: 0 | .15-.19: 0 | 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) |
| Corrected time from 1135 to 1138 hours. |

| | | | |
|--|--------------------------------------|---|--|
| INSPECTING OFFICER | | | |
| SIGNATURE | PRINT FULL NAME S J FORCE | | |
| TYPE II PERMIT NUMBER 260081 | EXPIRATION DATE 02/22/2018 | TELEPHONE NUMBER 816-387-2345 | |

| | |
|--------------------------------|---|
| 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 |
|--------------------------------|---|



Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

Certificate of Analysis

Customer Name

Exclusive Supplier

Intoximeters, Inc.

2081 Craig Road

St. Louis, Mo 63146

Test Date: 2-Jun-2016

Lot # AG615304 Model 108caccd

| <u>Exp. Date</u> | <u>Cyl. Type</u> | <u>Component</u> | <u>Certified Concentration</u> |
|------------------|------------------|---------------------|--------------------------------------|
| 1-Jun-2018 | 108 | Ethanol Nitrogen | 0.100 ± 2% BrAC (260 ppm) Balance |

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

| <u>Serial No.</u> | <u>Concentration</u> | <u>Serial No.</u> | <u>Concentration</u> |
|-------------------|----------------------|-------------------|----------------------|
| 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: 2016.06.02 13:08:52 -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

STANDARD CHANGE

Missouri State Highway Patrol
INTOX dmt: 500182

Date: 08/07/2016
Time: 11:39:42

OPERATOR NAME:
S J FORCE
PERMIT NUMBER: 260081
EXPIRATION DATE: 02/22/2018
MISC:
CHANGE TO DRY GAS

LOT #: AG615304
SUPPLIER: INTOXIMETERS
EXPIRATION: 06/01/2018
SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION
CONCENTRATION: 0.100
TARGET: 0.097

| | | |
|-------------------|----------|-------|
| BLANK TEST | 0.000 | 11:40 |
| INTERNAL STANDARD | VERIFIED | 11:40 |
| EXTERNAL STANDARD | 0.097 | 11:41 |
| BLANK TEST | 0.000 | 11:42 |

Average = 0.0970
Std Dev = 0.0000
Spread = 0.0000

