



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

**RECEIVED** (do not exceed 35 days)  
By Carol Day at 2:50 pm, Jun 29, 2016

Complete this report at the time of the regular monthly preventive maintenance.  
Complete this report whenever the instrument is serviced or repaired.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHS.

|   |   |                                  |
|---|---|----------------------------------|
| INTOX DMT SN<br>500184  | NAME OF AGENCY<br>Missouri State Highway Patrol | DATE OF INSPECTION<br>06/28/2016 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>Ozark County Jail, 1818 CRD. 806, Gainesville, MO |   | TIME OF INSPECTION<br>16:21:24   |

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>06/28/2016 16:21:26</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>48.1°C</u>    | <input checked="" type="checkbox"/> FILTER 3          |
| <input checked="" type="checkbox"/> PUMP                         | <input checked="" type="checkbox"/> INTERNAL STANDARD |

|   |  |
|---|--|
| 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>AG516801</u> | EXP. DATE <u>06/17/2017</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)<br>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: 0.096 | TEST 2: 0.096 | TEST 3: 0.096 |
|---------------|---------------|---------------|

|   |
|---|
| <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: 10 | .05-.09: 3 | .10-.14: 1 | .15-.19: 2 | 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<br><i>C.A. Hogue</i>  | PRINT FULL NAME<br>CHARLEY A HOGUE |                                  |
| TYPE II PERMIT NUMBER<br>260042 | EXPIRATION DATE<br>02/04/2018      | TELEPHONE NUMBER<br>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



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

|                                 |                         |   |  |
|---------------------------------|-------------------------|---|--|
| <u>Exp. Date</u><br>17-Jun-2017 | <u>Cyl. Type</u><br>108 | <u>Component</u><br>Ethanol<br>Nitrogen | <u>Certified Concentration</u><br>0.100 ± 2% BrAC (260 ppm)<br>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: 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

2

**PERMIT**  
**TYPE II**  
**CHARLEY A HOGUE**

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 2/4/2016

NUMBER 260042

EXPIRES 2/4/2018

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 HOGUE, CHARLEY  
 Permit No 260042  
 Date issued 2/4/2016 Date Expires 2/4/2018