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By Carol Day at 2:52 pm, Mar 08, 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 | NAME OF AGENCY | DATE OF INSPECTION |
|---|---|---|
| 500231 | Jackson Police Department | 03/08/2016 |

| LOCATION OF INSTRUMENT (STREET AND CITY) | TIME OF INSPECTION |
|---|---|
| 525 S. Hope, Jackson, MO | 02:12:12 |

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 03/08/2016 02:12:15 ☒ DETECTOR

☒ PROGRAM ☒ FILTER 1

☒ SAMPLE CHAMBER 48.9°C ☒ FILTER 2

☒ BREATH TUBE 48.1°C ☒ FILTER 3

☒ PUMP ☒ INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

☐ SIMULATOR STANDARD ☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER INTOXIMETERS LOT # AG429701 EXP. DATE 10/24/2016

☐ 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: 0.079 | TEST 2: 0.079 | TEST 3: 0.079 |
|---|---|---|

☒ PERFORM R.F.I. TEST

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

| REFUSALS: 0 | 0-.04: 4 | .05-.09: 0 | .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)

Instrument found to be within DOHSS specifications.

## INSPECTING OFFICER

| SIGNATURE | PRINT FULL NAME |
|---|---|
| 105 | JONATHAN M JENSEN |

| TYPE II PERMIT NUMBER | EXPIRATION DATE | TELEPHONE NUMBER |
|---|---|---|
| 250110 | 05/14/2017 | 573-243-3151 |

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

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

2

# PERMIT

## TYPE II

# JONATHAN JENSEN

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 **5/14/2015**

NUMBER **250110**

EXPIRES **5/14/2017**

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** JENSEN, JONATHAN

**Permit No** 250110

**Date Issued** 5/14/2015 **Date Expires** 5/14/2017

May. 12. 2015 12:47PM

**RECEIVED**
By Carol Day at 1:10 pm, May 12, 2015

**APPROVED**
By Brian Lutmer at 12:41 pm, May 14, 2015

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

# APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR: [X] NEW PERMIT [ ] RENEWAL

CURRENT PERMIT NUMBER AND EXPIRATION DATE: 230119 6-12-15

PRINT FULL NAME: JONATHAN JENSEN

TITLE: SERGEANT

AGE: 37

[redacted]

A disclosure concerning your SSN number is available at: http://www.health.mo.gov/lab/breathalcohol/

DEPARTMENT OR TROOP: JACKSON POLICE DEPT.

TELEPHONE: 573-243-3151

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE): 525 S. HOPE, JACKSON MO 63755

EMAIL ADDRESS: jjensen@jacksonpd.org

**LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS**
**(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)**

| DATES OF COURSE | LOCATION OF COURSE | COURSE LENGTH (HRS.) | NAME & MODEL OF BREATH ANALYZER | PLACE ✓ BESIDE INSTRUMENTS FOR WHICH YOU REQUEST | NAME OF INSTRUCTOR |
|---|---|---|---|---|---|
| 5/4/15-5/5/15 | SIKESTON | 14 | INTOXILIZER DMT | ☑ | BOB WELSH |
| 6/12/13 | WARRENSBURG | 56 | DATA MASTER | ☐ | BOB WELSH |
| | | | | ☐ | |
| | | | | ☐ | |

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

OK BML

| MANUFACTURER AND NAME OF INSTRUMENT | NUMBER OF MAINTENANCE REPORTS | NUMBER OF SUBJECT TESTS |
|---|---|---|
| 1. INTOX DMT | 10 MR'S OK BML | 10 SELF-TESTS OK BML |
| 2. | | |
| 3. | | |

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT ▸

DATE: 5-4-15

RETURN COMPLETED APPLICATION TO THE:
Breath Alcohol Program, Missouri 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:** 17-Jul-2015

**Lot #** AG519701 **Model** 108cacd

| Exp. Date | Cyl. Type | Component | Certified Concentration |
|---|---|---|---|
| 16-Jul-2017 | 108 | Ethanol | 0.080 ± 0.002 BrAC (208 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**

**Analyst:** Rod Marsala

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