



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 500233 NAME OF AGENCY Hayti Police department DATE OF INSPECTION 03/12/2016

LOCATION OF INSTRUMENT (STREET AND CITY) 300 East Main Street TIME OF INSPECTION 01:58:22

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 03/12/2016 01:58:24 DETECTOR
 PROGRAM FILTER 1
 SAMPLE CHAMBER 49.1°C FILTER 2
 BREATH TUBE 46.3°C FILTER 3
 PUMP INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETER LOT # AG530301 EXP. DATE 10/30/2017
 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: 0.098 TEST 2: 0.098 TEST 3: 0.098

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: 1 .15-.19: 0 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 [Signature] PRINT FULL NAME DAVID MACLIN

TYPE II PERMIT NUMBER 250115 EXPIRATION DATE 05/14/2017 TELEPHONE NUMBER 573-359-1259

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) 533-7828

Certificate of Analysis

Test Date: 30-Oct-2015

Customer Name
Exclusive Supplier
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Lot-# AG530301 Model 108cacc

<u>Exp. Date</u> 30-Oct-2017	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.100 ± 2% B1AC (260 ppm) Balance
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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	392.6 ppm
EB0010570	259.8 ppm	EB0010559	258.8 ppm
EB0010288	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010882	104.9 ppm
EB0010881	52.22 ppm	EB0010578	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2015.10.20 15:34:04 -08:00
Reason: My own standard certification of analysis
Location: Airgas USA LLC (Lab)

Analyst: Rod Marsala
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2089.01



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



PERMIT
TYPE II

DAVID MACLIN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, 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 250115

EXPIRES 5/14/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 **MACLIN, DAVID**
Permit No **250115**
Date Issued **5/14/2016** Date Expires **5/14/2017**