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

INTOX DMT MAINTENANCE REPORT

RECEIVED
By Carol Day at 10:22 am, May 10, 2016

Complete this report at the time of the regular monthly preventive maintenar
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
500234	Concordia Police Department	05/09/2016
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
Concordia PD 618 S. Main Concordia, MO		08:07:26

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 05/09/2016 08:07:28	☒ DETECTOR
☒ PROGRAM	☒ FILTER 1
☒ SAMPLE CHAMBER 48.8°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 # AG525302 EXP. DATE 09/10/2017

☐ 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: 0.099	TEST 2: 0.099	TEST 3: 0.100

☒ 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: 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)

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME	
	DAN R LUCAS	
TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER
250138	06/15/2017	660-463-2140

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: 14-Sep-2015

Lot # AG525302 Model 108cacd

Exp. Date	Cyl. Type	Component	Certified Concentration
10-Sep-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	EB0010569	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: 2015.09.14 14:32:23 -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

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

BLOOD ALCOHOL TEST REPORT - INTOX DMT

FORM #11

LOCATION OF INSTRUMENT	INSTRUMENT SERIAL NUMBER	DATE OF TEST	TIME OF TEST
Concordia PD 618 S. Main Concordia, MO	500234	05/09/2016	08:16:44

SUBJECT NAME	DATE OF BIRTH
DAN R LUCAS	08/10/1972

SEX	SUBJECT DRIVER'S LICENSE NUMBER	STATE
M	T024225021	MO

ARRESTING OFFICER	ARRESTING OFFICER ID
BLANK TEST	207

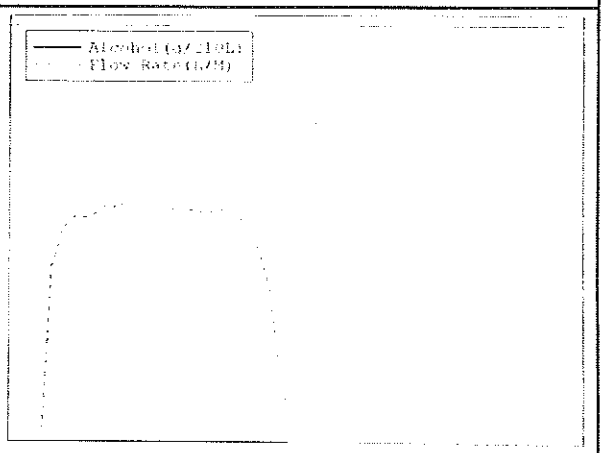
OPERATOR	OPERATOR PERMIT	PERMIT EXP DATE
DAN LUCAS	250138	06/15/2017

OPERATIONAL CHECKLIST: INTOX DMT

- ☒ 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- ☒ 2. Subject observed for at least 15 minutes by DAN LUCAS. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.
- ☒ 3. Assure that the power switch is ON and the screen is displaying "Ready <Push Run>".
- ☒ 4. Press the Run button on the display screen.
- ☒ 5. Enter subject and officer information.
- ☒ 6. When display reads "Please Blow" and gives audible beep, insert mouthpiece and take the subject's breath sample.

SUBJECT TEST RESULTS

BLANK TEST	0.000	08:17
INTERNAL STANDARD	VERIFIED	08:17
SUBJECT SAMPLE (Vol=4.23L)	0.000	08:18
BLANK TEST	0.000	08:19



COMMENTS

Blank Test after Maint. test.

CERTIFICATION BY OPERATOR

BAC: 0.000

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

- ☒ 1. There was no deviation from the procedure approved by the department.
- ☒ 2. To the best of my knowledge the instrument was functioning properly.
- ☒ 3. I am authorized to operate the instrument.
- ☒ 4. No radio transmission occurred inside the room where and when this test was being conducted.

SIGNATURE OF OPERATOR	DATE
	05/09/2016
WITNESS (IF ANY)	DATE
	05/09/2016

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

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PERMIT

TYPE II

DAN R LUCAS

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, INTOX 8000, INTOX EC/IR II, ASIV W/PRINTER

for the determination of the alcoholic content of blood from a sample of exhaled air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 6/15/2015

NUMBER 250138

EXPIRES 6/15/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (5-12)

LAB-4 (05-12)