



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 <b>500236</b>	NAME OF AGENCY <b>Farmington Police Department</b>	DATE OF INSPECTION <b>09/05/2016</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>310 Ste. Genevieve Ave. Farmington MO 63640</b>		TIME OF INSPECTION <b>03:29:07</b>

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 <u>09/05/2016 03:29:09</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>47.9°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

**BREATH ANALYZER ACCURACY STANDARDS**

SIMULATOR STANDARD       COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS      LOT # AG604101      EXP. DATE 02/10/2018

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: **0.098**      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: 2	.05-.09: 1	.10-.14: 2	.15-.19: 0	OVER .19: 1
-------------	----------	------------	------------	------------	-------------

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 <i>SGT LEROY J BEARD</i>	PRINT FULL NAME <b>LEROY J BEARD</b>	
TYPE II PERMIT NUMBER <b>250104</b>	EXPIRATION DATE <b>05/14/2017</b>	TELEPHONE NUMBER <b>573-756-6686</b>

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



**PERMIT  
 TYPE II**

**LEROY J BEARD**

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 250104

EXPIRES 5/14/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (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** BEARD, LEROY  
**Permit No** 250104  
**Date Issued** 5/14/2015 **Date Expires** 5/14/2017



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:** 13-Feb-2016

**Lot #** AG604101 **Model** 108caccd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
10-Feb-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: 2016.02.15 09:32:28 -06:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Analyst: \_\_\_\_\_

Rod Marsala

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

SRO Number: SRO-017426

Received Date: 08/18/2016

Completion Date: 08/30/2016

SRO Type: REPAIR

SRO Description: DMT for Warranty Repair

Customer ID: C000003232

Customer PO: WTY01

Contact: Larry Lacey

Email: fgtcop@yahoo.com

Ship To:

Farmington Police Dept  
310 Ste Genevieve Ave  
Farmington MO 63640  
USA

Units on SRO

1	50-0110-00	INTOX DMT MISSOURI WET/DRY
2	59-8000-00	DMT PEN STYLUS TOUCH SCREEN 60015

<b>Service Line: 1</b>		<b>**All Instruments are Calibrated to Factory Specifications**</b>	
<b>Unit Type:</b>	(50-0110-00) INTOX DMT MISSOURI WET/DRY		
<b>Serial Number:</b>	50500236		
<b>Reason:</b>	DMT Status Messages FltWl er		
<b>Reason Notes:</b>	Customer Reported Issue: Filter Wheel Error		
<b>Resolution:</b>	Adjusted Mech adj		
<b>Resolution Notes:</b>	Reinstalled loose control board screw Tightened control board screws Cleaned, lubricated, & adjusted filter wheel movement parts Cleaned filter wheel motor pinion and wheel edge Adjusted filter wheel stepper motor Cleaned and adjusted filter wheel solenoid Cleaned optics Optimized detector position Adjusted tech screen settings		
<b>Parts:</b>	<u>Qty</u>	<u>Part Number</u>	<u>Part Description</u>
	1	59-8000-00	DMT PEN STYLUS TOUCH SCREEN 60015
<b>Reason:</b>	DMT Mechanical or Physical DGasdrop		
<b>Reason Notes:</b>			
<b>Resolution:</b>	Cleaned cleaned		
<b>Resolution Notes:</b>	Ultrasonic cleaned the regulator fittings Replaced inner and outer regulator o-rings		

<b>Service Line: 2</b>		<b>**All Instruments are Calibrated to Factory Specifications**</b>	
<b>Unit Type:</b>	(59-8000-00) DMT PEN STYLUS TOUCH SCREEN 60015		
<b>Serial Number:</b>			
<b>Reason:</b>	DMT Status Messages FltWl er		
<b>Reason Notes:</b>	Customer Reported Issue: Filter Wheel Error		
<b>Resolution:</b>			
<b>Resolution Notes:</b>			