


 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 500295	NAME OF AGENCY La Grange Police Department	DATE OF INSPECTION 02/01/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 204 West Washington St, La Grange, MO 63448		TIME OF INSPECTION 09:35:46

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 RECORDDATE AND TIME 02/01/2016 09:35:48 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 # 423202 EXP. DATE 08/20/2016 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: 0.099

TEST 2: 0.100

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: 0

.05-.09: 1

.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)

DMT 500295 complies with the Department of Health and Senior Services rules and regulations

INSPECTING OFFICER

SIGNATURE

PRINT FULL NAME
DON L CIBERTTYPE II PERMIT NUMBER
250153EXPIRATION DATE
07/22/2017TELEPHONE NUMBER
573-655-4099

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: 20-Aug-2014

Lot # AG423202

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
20-Aug-2016	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: 2014.08.22 11:07:29 -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



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



PERMIT
TYPE II
DON L. CIBERT

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 7/22/2015

NUMBER 250153

EXPIRES 7/22/2017

MO 590-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (16-10)