

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
INTOX DMT MAINTENANCE REPORT

RECEIVED

REPORT #1

Complete this report at the time of the regular monthly preventive maintenance
Complete this report whenever the instrument is serviced or repaired
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

By Carol Day at 2:25 pm, Jun 17, 2016

INTOX DMT SN 500295	NAME OF AGENCY La Grange Police Department	DATE OF INSPECTION 06/04/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 204 West Washington St, La Grange, MO 63448		TIME OF INSPECTION 01:05:55
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.		
<input checked="" type="checkbox"/> DIAGNOSTIC RECORD		
DATE AND TIME <u>06/04/2016 01:05:57</u>	<input checked="" type="checkbox"/> DETECTOR	
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1	
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u>	<input checked="" type="checkbox"/> FILTER 2	
<input checked="" type="checkbox"/> BREATH TUBE <u>48.1°C</u>	<input checked="" type="checkbox"/> FILTER 3	
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD	
BREATH ANALYZER ACCURACY STANDARDS		
<input type="checkbox"/> SIMULATOR STANDARD	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE	
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>423202</u>	EXP. DATE <u>08/20/2016</u>
<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C)	SIMULATOR SN	SIMULATOR EXP DATE
<input checked="" type="checkbox"/> 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.		
<input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE		
<input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE		
<input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE		
TEST 1: 0.098	TEST 2: 0.098	TEST 3: 0.098
<input checked="" type="checkbox"/> PERFORM R.F.I. TEST		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:		
REFUSALS: 0	0-.04: 5	.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)		
DMT 500295 complies with the Department of Health and Senior Services rules and regulations		
INSPECTING OFFICER		
SIGNATURE 	PRINT FULL NAME DON L. CIBERT	
TYPE II PERMIT NUMBER 250153	EXPIRATION DATE 07/22/2017	TELEPHONE 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)
 9500 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 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RS-10)