



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

**RECEIVED**

By Tracy Crews at 6:33 am, Dec 21, 2023

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>500012</b>	NAME OF AGENCY <b>VELDA CITY POLICE</b>	DATE OF INSPECTION <b>12/20/2023</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>2803 MAYWOOD AVE. VELDA CITY, MO 63121</b>		TIME OF INSPECTION <b>13:16:36</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.

<input checked="" type="checkbox"/> <b>DIAGNOSTIC RECORD</b>	
DATE AND TIME <u>12/20/2023 13:16:38</u>	<input checked="" type="checkbox"/> <b>DETECTOR</b>
<input checked="" type="checkbox"/> <b>PROGRAM</b>	<input checked="" type="checkbox"/> <b>FILTER 1</b>
<input checked="" type="checkbox"/> <b>SAMPLE CHAMBER <u>48.9°C</u></b>	<input checked="" type="checkbox"/> <b>FILTER 2</b>
<input checked="" type="checkbox"/> <b>BREATH TUBE <u>45.8°C</u></b>	<input checked="" type="checkbox"/> <b>FILTER 3</b>
<input checked="" type="checkbox"/> <b>PUMP</b>	<input checked="" type="checkbox"/> <b>INTERNAL STANDARD</b>

<b>BREATH ANALYZER ACCURACY STANDARDS</b>	
<input type="checkbox"/> <b>SIMULATOR STANDARD</b>	<input checked="" type="checkbox"/> <b>COMPRESSED ETHANOL-GAS MIXTURE</b>

<input checked="" type="checkbox"/> <b>STANDARD SUPPLIER <u>INTOXIMETERS</u></b>	<b>LOT # <u>AG220102</u></b>	<b>EXP. DATE <u>07/20/2024</u></b>
<input type="checkbox"/> <b>SIMULATOR TEMP (34°C ± 0.2°C) _____</b>	<b>SIM. SN _____</b>	<b>SIM. NIST EXP DATE _____</b>

<input checked="" type="checkbox"/> <b>CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b> 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"/> <b>0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</b>	
<input type="checkbox"/> <b>0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</b>	
<input type="checkbox"/> <b>0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</b>	

<b>TEST 1: 0.097</b>	<b>TEST 2: 0.097</b>	<b>TEST 3: 0.097</b>
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<input checked="" type="checkbox"/> <b>PERFORM R.F.I. TEST</b>
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

<b>REFUSALS: 0</b>	<b>0-.04: 0</b>	<b>.05-.09: 0</b>	<b>.10-.14: 0</b>	<b>.15-.19: 0</b>	<b>OVER .19: 0</b>
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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)

MSC Repairs  
Replaced power switch  
Replaced SD card  
Replace keyboard  
Calibration Adjustment

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME <b>MATTHEW BOND</b>	
TYPE II PERMIT NUMBER <b>230191</b>	EXPIRATION DATE <b>08/25/2025</b>	TELEPHONE NUMBER <b>660-543-4597</b>

RETURN COMPLETED REPORT TO THE **Breath Alcohol Program, Missouri Department of Health and Senior Services**  
by mail, fax, or email

# CALIBRATION FACTORS

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VELDA CITY POLICE  
INTOX dmt: 500012  
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Date: 12/20/2023  
Time: 13:03:27

OPERATOR NAME:  
MATTHEW BOND  
PERMIT NUMBER: 220191  
EXPIRATION DATE: 08/25/2025

LOT #: 23390  
SUPPLIER: GUTH  
EXPIRATION: 10/17/2025

Ca	=	0.1000			
ADJ	=	0.972501	0.800	<=	ADJ < 1.200
b1	=	0.0003	0.0000	<=	b1 < 0.0040
b2	=	0.0034	0.0010	<=	b2 < 0.0100
b3	=	0.0003	0.0000	<=	b3 < 0.0040
Xq	=	0.0941	0.0500	<=	Xq < 0.2500
a21	=	1.184763	1.050	<=	a21 < 1.300
a31	=	0.474275	0.300	<=	a31 < 0.800





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:** 20-Jul-2022

**Lot #** AG220102 **Model** 108

Exp Date	Cyl. Type	Component	Certified Concentration
20-Jul-2024	108	Ethanol Nitrogen	0.100 ± 2% BrAC (260 ppm)

**Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:**

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

**Analytical Method:** NDIR

Digitally signed by: Quality Control  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)  
Date: 07.21.2022 14:10

Approved for Release: \_\_\_\_\_

Rod Marsala

**ISO 17025:2017 A2LA accredited. Certificate Number 3082.06**  
**ISO 17034:2016 A2LA accredited. Certificate Number 3082.07**



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

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**PERMIT**  
**TYPE II**  
**MATT B. BOND**

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

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 8/25/2023

NUMBER 230191

EXPIRES 8/25/2025

*Mike Masson*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David L. Nickelson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES