

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 mo Complete this report whenever the instrument is s Retain the original and send a copy within 15 day	serviced or repaired and w	henever it is placed			
INTOX DMT SN S00015 NAME OF AGENCY Neosho Police Department			DATE OF INSPECTION 09/11/2023		
LOCATION OF INSTRUMENT (STREET AND CITY) 201 North College St, Neosho MO			TIME OF INSPECTION 13:13:40		
CHECKLIST: Place a mark in the box by each it values where determined). Unmarked items must	em if found to be satisfactor t be corrected before using	ory or is operating w ginstrument.	rithin established limits. ((Write in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME <u>09/11/2023 13:13:43</u> ☑ DETECTOR					
☑ PROGRAM ☑ FILTER 1					
☐ SAMPLE CHAMBER 48.7°C ☐ ☐ FILTER 2					
☑ BREATH TUBE 46.7°C ☑ FILTER 3					
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDAR	RDS				
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE				RE	
☐ STANDARD SUPPLIER INTOXIMETER	LOT#_A	G130104	EXP. DATE_	10/28/2023	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE		
 □ CALIBRATION CHECK - (ONLY ONE STAR Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding □ 0.10% STANDARD - MUST READ E □ 0.08% STANDARD - MUST READ E □ 0.04% STANDARD - MUST READ E 	to the standard being use BETWEEN 0.095% AND (BETWEEN 0.076% AND (d. D.105% INCLUSIVI D.084% INCLUSIVI	 ≣	d	
TEST 1: 0.100	TEST 2: 0.100		TEST 3: 0.100		
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TEST	S IN THE FOLLOWING	RANGES SINCE	THE LAST MAINTENA	ANCE REPORT:	
REFUSALS: 4 004: 1	.0509: 1	1014: 4	.1519: 0	OVER .19: 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	IFICATION THAT WAS MADE TO RES	STORE THE INSTRUMENT	TO OPERATE SATISFACTORILY	AND WITHIN	
INSPECTING OFFICER	Contract of the same				
SIGNATURE / 2	F	PRINT FULL NAME KEITH J BRUMF	IEI D		
TYPE II PERMIT NUMBER 230180	EXPIRATION DATE 08/11/2025	TELEPHONE N	TELEPHONE NUMBER		
RETURN COMPLETED REPORT TO THE	Breath Alcohol Program, M by mail, fax, or email			ervices	

STANDARD CHANGE

Neosho Police Department

INTOX dmt: 500015

Date: 12/13/2021 Time: 08:16:06

OPERATOR NAME: KEITH J BRUMFIELD PERMIT NUMBER: 210138

EXPIRATION DATE: 07/07/2023

LOT #: AG130104

SUPPLIER: INTOXIMETER EXPIRATION: 10/28/2023 SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION CONCENTRATION: 0.100

TARGET: 0.097

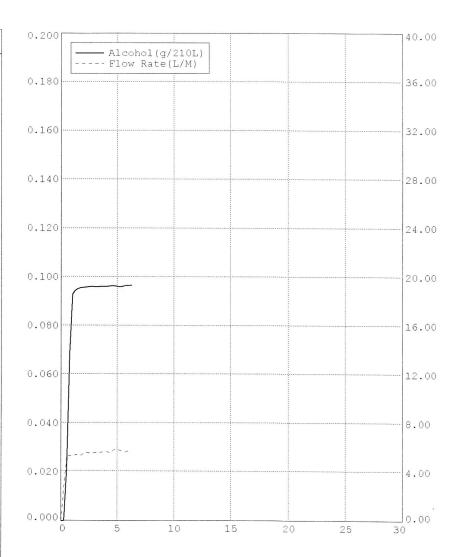
 BLANK TEST
 0.000
 08:17

 INTERNAL STANDARD
 VERIFIED
 08:17

 EXTERNAL STANDARD
 0.097
 08:17

 BLANK TEST
 0.000
 08:18

Average = 0.0970 Std Dev = 0.0000 Spread = 0.0000



K Bropled



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: 1-Nov-2021

Lot # AG130104 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

28-Oct-2023

108

Ethanol Nitrogen

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

RGM Serial No. Concentration

EB0010581 392.1 ppm

EB0010570 259.8 ppm

EB0010285 208.0 ppm

EB0010561 103.6 ppm

EB0010681 52.12 ppm

RGM Serial No. Concentration
EB0010603 393.0 ppm
EB0010559 258.2 ppm
EB0010595 208.3 ppm
EB0010562 104.2 ppm
EB0010579 52.81 ppm

CRM Serial No. CC434668 CC234503

Concentration 800.0 ppm 253.0 ppm CRM Serial No. 0056649 0056662

Concentration 390.1 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:11.05.2021 11:46

Approved for Release:

Rod Marsala

Roll Marsola

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**



LAB-4 (R6-10)

PERMIT TYPE II

KEITH J. BRUMFIELD

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 sa	ample of expired air. Permit issued under the provisions of sections
577.020 through 577.041, RSMo and 306.111 through 306.119	
DATE8/11/2023	Mike Masson
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230180	
EXPIRES 8/11/2025	Davla I. Nichelson
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
MO 580-0771 (6-10)	LAB-4 (B6-10)



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 BRUMFIELD, KEITH

Permit No Date Issued 8/11/2023 Date Expires 8/11/2025

