



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

**INTOX DMT MAINTENANCE REPORT**

REPORT #

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 # 500066	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 09/07/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 11 West Fourth Street, Grant Center, Missouri		TIME OF INSPECTION 21:27:52

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>09/07/2023 21:27:55</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>49.2°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>44.2°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>INTOXMETERS</u>	LOT # <u>AG320502</u> EXP. DATE <u>07/24/2025</u>
<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C)	SIM SN _____ SIM. NIST 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: 0.099	TEST 2: 0.099	TEST 3: 0.099
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PERFORM RFL TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS: 0	1-04: 0	05-09: 0	10-14: 0	15-19: 0	OVER 19: 2

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATIONS OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (IF OUT OF SERVICE, INDICATE REASON):

time updated

INSPECTING OFFICER SIGNATURE		PRINT FULL NAME	
		THOMAS R HECKER	
TYPE I PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER	
220075	03/09/2024	816-387-2345	

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



**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-Aug-2023

**Lot # AG320502    Model 108**

<b>Exp Date</b> 24-Jul-2025	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.100 ± 2% BrAC (260 ppm)
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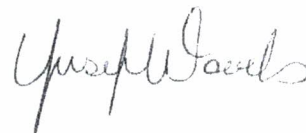
**Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:**

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:08.10.2023 09:48



**Approved for Release:** \_\_\_\_\_  
Yusef Woods

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

STANDARD CHANGE

Missouri State Highway Patrol  
INTOX dmt: 500856

Date: 09/07/2023  
Time: 21:24:04

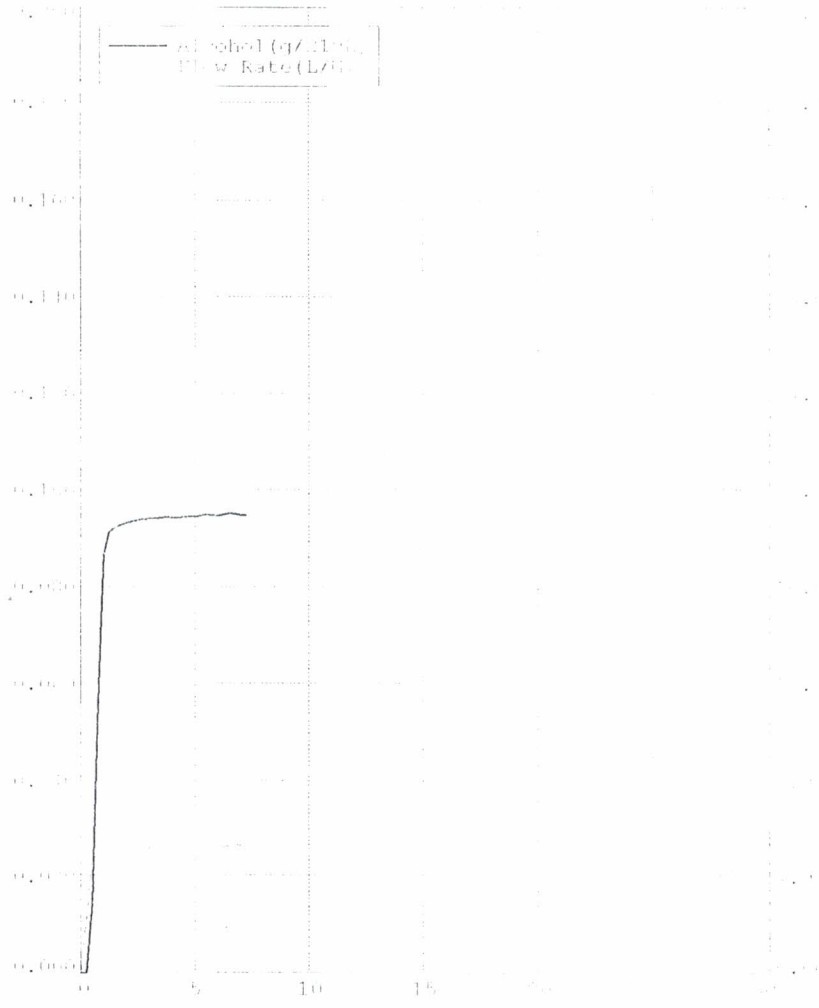
OPERATOR NAME:  
THOMAS R HECKER  
PERMIT NUMBER: 220075  
EXPIRATION DATE: 03/09/2024

LOT #: AG320502  
SUPPLIER: INTOXIMETERS  
EXPIRATION: 07/24/2025  
SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION  
CONCENTRATION: 0.100  
TARGET: 0.096

BLANK TEST	0.000	21:25
INTERNAL STANDARD	VERIFIED	21:25
EXTERNAL STANDARD	0.096	21:25
BLANK TEST	0.000	21:26

Average = 0.0960  
Std Dev = 0.0000  
Spread = 0.0000



*TR Hecker* 21:20



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



**PERMIT**  
**TYPE II**  
**THOMAS HECKER**

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 3/9/2022

*Laura A. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220075

*David J. Nicholson*

EXPIRES 3/9/2024

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (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** HECKER, THOMAS  
**Permit No** 220075  
**Date Issued** 3/9/2022 **Date Expires** 3/9/2024

