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By Tracy Crews at 9:24 am, Jun 05, 2023



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 500239	NAME OF AGENCY Mexico Public Safety Department	DATE OF INSPECTION 06/04/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 300 N. Coal, Mexico, MO 65265		TIME OF INSPECTION 10:02:46

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.

<input checked="" type="checkbox"/> DIAGNOSTIC RECORD	
DATE AND TIME <u>06/04/2023 10:02:48</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.9°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>46.9°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>AG220102</u> EXP. DATE <u>07/20/2024</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: 0.103	TEST 2: 0.102	TEST 3: 0.102
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<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: 22	.05-.09: 3	.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)

INSPECTING OFFICER	
SIGNATURE <i>Stuart J Thompson</i>	PRINT FULL NAME STUART J THOMPSON
TYPE II PERMIT NUMBER 220267	EXPIRATION DATE 12/02/2024
TELEPHONE NUMBER	

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



Airgas USA LLO (LAB)
 3600 Bernard Street
 St. Louis, Mo. 63103
 Ph: (314) 638-3100
 Fax: (314) 638-7820

Certificate of Analysis

Customer Name
 Exclusive Supplier
 Intoximeters, Inc.
 2084 Oralg Road
 St. Louis, Mo 63148

Test Date: 20-Jul-2022

Lot # AG220102 Model 108

Exp Date 20-Jul-2024	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 0.100 ± 2% BrAC (260 ppm)
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Certification Traceable to N.I.S.T. RQM and to GRM Ethanol Standards:

RQM Serial No.	Concentration	RQM Serial No.	Concentration
EB0010801	391.8 ppm	EB0010803	392.5 ppm
EB0010870	258.8 ppm	EB0010859	258.9 ppm
EB0010286	209.0 ppm	EB0010882	104.2 ppm
EB0010581	103.7 ppm	EB0010879	52.94 ppm
EB0010601	52.22 ppm		

GRM Serial No.	Concentration	GRM Serial No.	Concentration
GC727481	800.0 ppm	GC727493	390.0 ppm
GC727495	253.0 ppm	GC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
 Reason: My name (and certification of analysis)
 Location: Airgas USA LLO (Lab)
 Date: 2022.07.21 14:10

Approval for Release: *Rod Marsala*
 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



**PERMIT
TYPE II**

STUART J. THOMPSON

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 alcohol content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 808.111 through 808.119 RSMo.

DATE 12/2/2022

NUMBER 220267

EXPIRES 12/2/2024

Miles Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula L. Richardson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 889-0771 (8-10)

LAL-4 (08-10)

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

INSTRUMENT OPERATOR CARD

The named operator is authorized to operate an Intox DMt breath alcohol instrument for the determination of the alcohol content in breath from expired air in Missouri.

Operator **THOMPSON, STUART**
Permit No **220267**
Date Issued **12/2/2022** Date Expires **12/2/2024**

