

RECEIVED

By Tracy Crews at 9:49 am, Mar 27, 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 500245	NAME OF AGENCY Branson Police Department	DATE OF INSPECTION 03/22/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 110 W. Maddux Suite 100, Branson Mo. 65616		TIME OF INSPECTION 08:45:20

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>03/22/2023 08:45:23</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°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>AG208102</u>	EXP. DATE <u>03/22/2024</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: 0.101	TEST 2: 0.100	TEST 3: 0.101
<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: 1	0-.04: 1	.05-.09: 1	.10-.14: 0	.15-.19: 0	OVER .19: 1

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)

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INSPECTING OFFICER		
SIGNATURE 	PRINT FULL NAME RYAN SCHILDKNECHT	
TYPE II PERMIT NUMBER 210253	EXPIRATION DATE 11/12/2023	TELEPHONE NUMBER 660-543-4573

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



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

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**PERMIT  
 TYPE II**

**RYAN SCHILDKNECHT**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH 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 3/9/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200133

EXPIRES 3/9/2022

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 SCHILDKNECHT, RYAN  
 Permit No 200133  
 Date Issued 3/9/2020 Date Expires 3/9/2022



Airgas USA LLC (LAB)  
 3500 Bernard Street  
 St. Louis, Mo. 63103  
 Ph: (314) 533-3100  
 Fax: (314) 533-7328

## Certificate of Analysis

Test Date: 23-Mar-2022

**Customer Name**  
 Exclusive Supplier  
 Intoximeters, Inc.  
 2081 Craig Road  
 St. Louis, Mo 63146

**Lot # AG208102 Model 108**

<b>Exp Date</b> 22-Mar-2024	<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:03.24.2022 19:57

Approved for Release:                     *Rod Marsala*                      
 Rod Marsala

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

SRO Number: SRO-055984

Received Date: 03/03/2023

Completion Date: 03/13/2023

SRO Type: REPAIR

SRO Description: DMT Repair

Customer ID: C000MOCEN1

Customer PO: 03032023-Bond

Contact: Matt Bond

Email: mbond@ucmo.edu

Ship To:

University Of Central Missouri  
Central Receiving  
415 East Clark Street  
Southeast Complex Bldg B

Units on SRO

1	50-0110-00	INTOX DMT MISSOURI WET/DRY
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Service Line: 1		<b>**All Instruments are Calibrated to Factory Specifications**</b>	
<b>Unit Type:</b>	(50-0110-00) INTOX DMT MISSOURI WET/DRY		
<b>Serial Number:</b>	50500245		
<b>Reason:</b>	DMT Functional		
	Acc Fail		
<b>Reason Notes:</b>	Customer Reported Issue: Multiple Status Issues		
<b>Resolution:</b>	Adjusted		
	Mech adj		
<b>Resolution Notes:</b>	Rebuilt filter wheel assembly and cleaned optics. Ran calibration. Acc checks, subject tests, and linearity test all pass. Linearity test at: .000 .020 .080 .100 .300 Six samples each.		
<b>Parts:</b>	<u>Qty</u>	<u>Part Number</u>	<u>Part Description</u>
	1	99-0001-00	MISC REPAIR
<b>Reason:</b>	DMT Status Messages		
	Blank		
<b>Reason Notes:</b>	Incomplete purge due to flow path restrictions and leaks.		
<b>Resolution:</b>	Adjusted		
	Mech adj		
<b>Resolution Notes:</b>	Replaced multiple hoses internally to adjust lengths and routing. Adjusted flow control.		