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By Tracy Crews at 3:43 pm, Jun 29, 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 06/28/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 110 W. Maddux Suite 100, Branson Mo. 65616		TIME OF INSPECTION 09:04:17

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>06/28/2023 09:04:20</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>47.3°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: 0.100	TEST 2: 0.099	TEST 3: 0.100
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0	0-.04: 1	.05-.09: 3	.10-.14: 4	.15-.19: 2	OVER .19: 1
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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)


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

SRO Number: SRO-057403

Received Date: 06/12/2023

Completion Date: 06/14/2023

SRO Type: REPAIR

SRO Description: DMT Repair

Customer ID: C000MOCEN1

Customer PO: WTY03

Contact: Ryan  
Schildknecht

Email: raschildknecht@ucmo.edu

**Ship To:**

University Of Central Missouri  
Missouri Safety Center  
1200 S Holden St  
Warrensburg MO 64093

**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 Status Messages		
	StcAnaly		
<b>Reason Notes:</b>	Customer Reported Issue: Same issue as before, Incomplete purge due to flow path restrictions and leaks. *Same errors, different cause. Detector voltage unstable.*		
<b>Resolution:</b>	Replaced		
	RPL comp		
<b>Resolution Notes:</b>	No errors while here, but the static analysis and blank errors in the log are very likely an intermittent detector issue. Replaced and optimized IR detector. Further adjustments of flow path.		
<b>Parts:</b>	<u>Qty</u>	<u>Part Number</u>	<u>Part Description</u>
	1	001199-00	DMT ELEC REGULATOR V LDO 3.3V OUT 30V IN
<b>Reason:</b>	Preventive Maintenance		
	planned		
<b>Reason Notes:</b>	Date/Time incorrect upon arrival. RTC battery tests low.		
<b>Resolution:</b>	Replaced		
	RPL comp		
<b>Resolution Notes:</b>	Replaced 3VDC RTC battery.		
	1	27-6810-00	POWER BATTERY 3V LITHIUM AS4
<b>Reason:</b>	Upgrade to newer version		
	Upgrade		
<b>Reason Notes:</b>	Control board had not been updated with VR3 voltage regulator.		
<b>Resolution:</b>	Update		
	DMTVR3		
<b>Resolution Notes:</b>	Performed VR3 update.		
	1	59-0055-00	DMT ELEC DETECTOR PCB ASSY 41601



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:** 23-Mar-2022

**Lot #** AG208102 **Model** 108

Exp Date	Cyl. Type	Component	Certified Concentration
22-Mar-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:03.24.2022 19:57

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**  
**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):

**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 11/12/2021

NUMBER 210253

EXPIRES 11/12/2023

*Laura P. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald S. Keenum*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)



**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 210253  
Date Issued 11/12/2021 Date Expires 11/12/2023