



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

INTOX DMT MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 2:25 pm, Jan 27, 2023

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 500252	NAME OF AGENCY Cameron Police Department	DATE OF INSPECTION 01/12/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 101 North Chestnut, Cameron, Missouri 64429		TIME OF INSPECTION 15:52:30

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.

DIAGNOSTIC RECORD

DATE AND TIME <u>01/12/2023 15:52:33</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>48.0°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS LOT # AG129201 EXP. DATE 10/19/2023

SIMULATOR TEMP (34°C ± 0.2°C) _____ SIM. SN _____ SIM. NIST EXP DATE _____

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.

0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE

0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1: 0.079 TEST 2: 0.079 TEST 3: 0.079

PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0 0-.04: 1 .05-.09: 1 .10-.14: 1 .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  PRINT FULL NAME
JAMES C PROCTOR

TYPE II PERMIT NUMBER 210046 EXPIRATION DATE 03/16/2023 TELEPHONE NUMBER 816-632-6521

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



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BLOOD ALCOHOL TEST REPORT - INTOX DMT

FORM #11

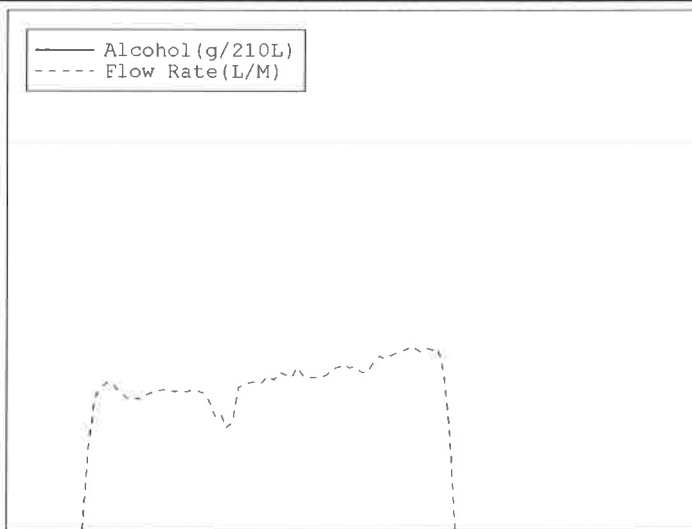
LOCATION OF INSTRUMENT 101 North Chestnut, Cameron, Missouri	INSTRUMENT SERIAL NUMBER 500252	DATE OF TEST 01/12/2023	TIME OBSERVATION PERIOD STARTED 15:45	TIME OF TEST 16:01:40
SUBJECT NAME MONTHLY TEST			DATE OF BIRTH 01/12/2001	
SUBJECT DRIVER'S LICENSE NUMBER MO012023			STATE MO	
ARRESTING OFFICER JAMES C PROCTOR		ARRESTING OFFICER ID 107		
OPERATOR JAMES C PROCTOR		OPERATOR PERMIT 210046	PERMIT EXP DATE 03/16/2023	
OBSERVER JAMES C PROCTOR		OBSERVER PERMIT 210046	PERMIT EXP DATE 03/16/2023	

OPERATIONAL CHECKLIST: INTOX DMT

- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by JAMES C PROCTOR. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.
- 3. Assure that the power switch is ON and the screen is displaying "Ready <Push Run>".
- 4. Press the Run button on the display screen.
- 5. Enter subject and officer information.
- 6. When display reads "Please Blow" and gives audible beep, insert mouthpiece and take the subject's breath sample.

SUBJECT TEST RESULTS

BLANK TEST	0.000	16:02
INTERNAL STANDARD	VERIFIED	16:02
SUBJECT SAMPLE (Vol=3.05L)	0.000	16:03
BLANK TEST	0.000	16:04



COMMENTS

CERTIFICATION BY OPERATOR

BAC
0.000

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.

SIGNATURE OF OPERATOR
J. C. Proctor #107

DATE
01/12/2023

WITNESS (IF ANY)

DATE
01/12/2023

Airgas.

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

Certificate of Analysis

Test Date: 20-Oct-2021

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

Lot # AG12920T Model 108

Exp Date	Cyl. Type	Component	Certified Concentration
19-Oct-2023	108	Ethanol Nitrogen	0.080 ± 0.002 BrAC (208 ppm)

Certification Traceable to NLS.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010599	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Reason: Dry gas standard verification of analysis
Location: Airgas USA, LLC (Lab)
Date: 10.20.2021 17:28

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

2

PERMIT
 TYPE II

JAMES C. PROCTOR

INTOX DMT

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[Signature]
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[Signature]
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STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM
 INSTRUMENT OPERATOR CARD

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