



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

**RECEIVED**  
By Tracy Crews at 8:09 am, Feb 23, 2023

**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<br><b>500252</b>                                                                  | NAME OF AGENCY<br><b>Cameron Police Department</b> | DATE OF INSPECTION<br><b>02/13/2023</b> |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><b>101 North Chestnut, Cameron, Missouri 64429</b> |                                                    | TIME OF INSPECTION<br><b>11:03:58</b>   |

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"/> <b>DIAGNOSTIC RECORD</b>     |                                                              |
| DATE AND TIME <u>02/13/2023 11:04:01</u>                         | <input checked="" type="checkbox"/> <b>DETECTOR</b>          |
| <input checked="" type="checkbox"/> <b>PROGRAM</b>               | <input checked="" type="checkbox"/> <b>FILTER 1</b>          |
| <input checked="" type="checkbox"/> <b>SAMPLE CHAMBER 48.7°C</b> | <input checked="" type="checkbox"/> <b>FILTER 2</b>          |
| <input checked="" type="checkbox"/> <b>BREATH TUBE 48.0°C</b>    | <input checked="" type="checkbox"/> <b>FILTER 3</b>          |
| <input checked="" type="checkbox"/> <b>PUMP</b>                  | <input checked="" type="checkbox"/> <b>INTERNAL STANDARD</b> |

|                                                    |                                                                           |
|----------------------------------------------------|---------------------------------------------------------------------------|
| <b>BREATH ANALYZER ACCURACY STANDARDS</b>          |                                                                           |
| <input type="checkbox"/> <b>SIMULATOR STANDARD</b> | <input checked="" type="checkbox"/> <b>COMPRESSED ETHANOL-GAS MIXTURE</b> |

|                                                                                  |                              |                                    |
|----------------------------------------------------------------------------------|------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> <b>STANDARD SUPPLIER</b> <u>INTOXIMETERS</u> | <b>LOT #</b> <u>AG129201</u> | <b>EXP. DATE</b> <u>10/19/2023</u> |
|----------------------------------------------------------------------------------|------------------------------|------------------------------------|

|                                                                     |                      |                                 |
|---------------------------------------------------------------------|----------------------|---------------------------------|
| <input type="checkbox"/> <b>SIMULATOR TEMP (34°C ± 0.2°C)</b> _____ | <b>SIM. SN</b> _____ | <b>SIM. NIST EXP DATE</b> _____ |
|---------------------------------------------------------------------|----------------------|---------------------------------|

|                                                                                                                                                                                                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> <b>CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b><br>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 type="checkbox"/> <b>0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</b>                                                                                                                                                                                                                       |  |
| <input checked="" type="checkbox"/> <b>0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</b>                                                                                                                                                                                                            |  |
| <input type="checkbox"/> <b>0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</b>                                                                                                                                                                                                                       |  |

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <b>TEST 1: 0.079</b> | <b>TEST 2: 0.078</b> | <b>TEST 3: 0.078</b> |
|----------------------|----------------------|----------------------|

|                                                                |
|----------------------------------------------------------------|
| <input checked="" type="checkbox"/> <b>PERFORM R.F.I. TEST</b> |
|----------------------------------------------------------------|

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

|                    |                 |                   |                   |                   |                    |
|--------------------|-----------------|-------------------|-------------------|-------------------|--------------------|
| <b>REFUSALS: 0</b> | <b>0-.04: 5</b> | <b>.05-.09: 0</b> | <b>.10-.14: 0</b> | <b>.15-.19: 0</b> | <b>OVER .19: 0</b> |
|--------------------|-----------------|-------------------|-------------------|-------------------|--------------------|

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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|                                        |                                           |                                         |
|----------------------------------------|-------------------------------------------|-----------------------------------------|
| <b>INSPECTING OFFICER</b>              |                                           |                                         |
| SIGNATURE<br>                          | PRINT FULL NAME<br><b>JAMES C PROCTOR</b> |                                         |
| TYPE II PERMIT NUMBER<br><b>210046</b> | EXPIRATION DATE<br><b>03/16/2023</b>      | TELEPHONE NUMBER<br><b>816-632-6521</b> |

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

# 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  
Innovations, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

Lot # AG12920T Model 108

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

Certification Traceable to NLSI, RGM and to CRM Ethanol Standard

| RGM Serial No. | Concentration | RGM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| EB0010561      | 392.1 ppm     | EB0010563      | 393.0 ppm     |
| EB0010570      | 258.3 ppm     | EB0010568      | 258.2 ppm     |
| EB0010285      | 208.0 ppm     | EB0010585      | 208.3 ppm     |
| EB0010561      | 103.6 ppm     | EB0010562      | 104.2 ppm     |
| EB0010581      | 52.12 ppm     | EB0010579      | 52.61 ppm     |

| CRM Serial No. | Concentration | CRM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| CC434668       | 300.0 ppm     | 0256649        | 390.1 ppm     |
| CC234503       | 25.0 ppm      | 0256662        | 150.2 ppm     |

Analytical Method: NDIR

Digitally signed by Quality Control  
Reason: Day gas standard certification of analysis  
Location: Airgas USA, LLC (Lab)  
Date: 10.20.2021 07:28

Approved for Release: Rod Marsala  
Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.D6  
ISO 17034:2016 A2LA accredited. Certificate Number 3082.D7



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

FORM #11

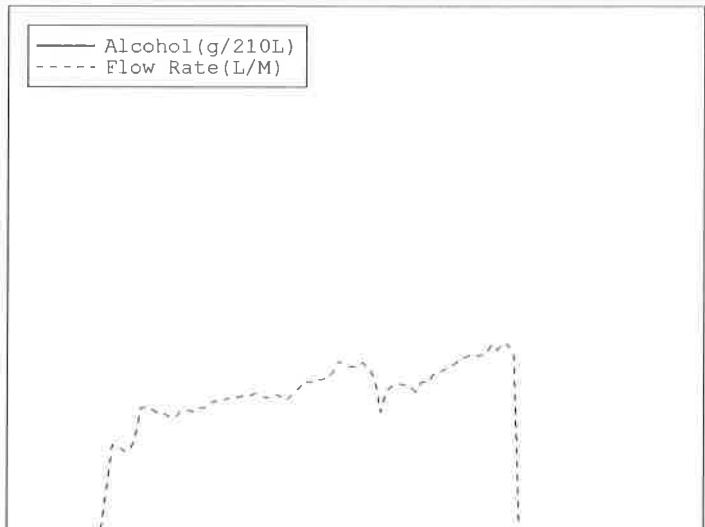
|                                                                 |                                    |                             |                                          |                          |
|-----------------------------------------------------------------|------------------------------------|-----------------------------|------------------------------------------|--------------------------|
| LOCATION OF INSTRUMENT<br>101 North Chestnut, Cameron, Missouri | INSTRUMENT SERIAL NUMBER<br>500252 | DATE OF TEST<br>02/13/2023  | TIME OBSERVATION PERIOD STARTED<br>11:00 | TIME OF TEST<br>11:15:01 |
| SUBJECT NAME<br>MONTHLY TEST                                    |                                    |                             | DATE OF BIRTH<br>07/21/1973              |                          |
| SUBJECT DRIVER'S LICENSE NUMBER<br>MO02132023                   |                                    |                             | STATE<br>MO                              |                          |
| ARRESTING OFFICER<br>JAMES C PROCTOR                            |                                    | ARRESTING OFFICER ID<br>107 |                                          |                          |
| OPERATOR<br>JAMES C PROCTOR                                     |                                    | OPERATOR PERMIT<br>210046   | PERMIT EXP DATE<br>03/16/2023            |                          |
| OBSERVER<br>JAMES C PROCTOR                                     |                                    | OBSERVER PERMIT<br>210046   | PERMIT EXP DATE<br>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    | 11:15 |
| INTERNAL STANDARD          | VERIFIED | 11:16 |
| SUBJECT SAMPLE (Vol=3.14L) | 0.000    | 11:16 |
| BLANK TEST                 | 0.000    | 11:17 |



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 *[Signature]* DATE 02/13/2023

WITNESS (IF ANY) DATE 02/13/2023



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

2

PERMIT

TYPE II

JAMES C. PROCTOR

... ..

INTOX DMT

... ..

... ..

*[Signature]*

... ..

*[Signature]*

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STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
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