



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

INTOX DMT MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 7:57 am, Feb 10, 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 500266 | NAME OF AGENCY UNIVERSITY OF MISSOURI POLICE DEPARTMENT | DATE OF INSPECTION 02/07/2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 901 VIRGINIA AVE, COLUMBIA | | TIME OF INSPECTION 15:30:50 |

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>02/07/2023 15:30:53</u> | <input checked="" type="checkbox"/> DETECTOR |
| <input checked="" type="checkbox"/> PROGRAM | <input checked="" type="checkbox"/> FILTER 1 |
| <input checked="" type="checkbox"/> SAMPLE CHAMBER 48.8°C | <input checked="" type="checkbox"/> FILTER 2 |
| <input checked="" type="checkbox"/> BREATH TUBE 48.1°C | <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>AG210103</u> | EXP. DATE <u>04/11/2024</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 type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE | |
| <input checked="" 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: 0.080 | TEST 2: 0.080 | TEST 3: 0.080 |
|----------------------|----------------------|----------------------|

| |
|--|
| <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: 16 | .05-.09: 0 | .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 | PRINT FULL NAME JENNIFER A PERRY |
|----------------------|---|

| | | |
|---|---|--|
| TYPE II PERMIT NUMBER 230023 | EXPIRATION DATE 02/07/2025 | TELEPHONE NUMBER 573-882-7201 |
|---|---|--|

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



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: 13-Apr-2022

Lot # AG210103 **Model** 108

| | | | |
|--------------------------------|-------------------------|---|--|
| Exp Date 11-Apr-2024 | Cyl. Type 108 | Component Ethanol Nitrogen | Certified Concentration 0.080 ± 0.002 BrAC (208 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:04.13.2022 12:50

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



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

FORM #11

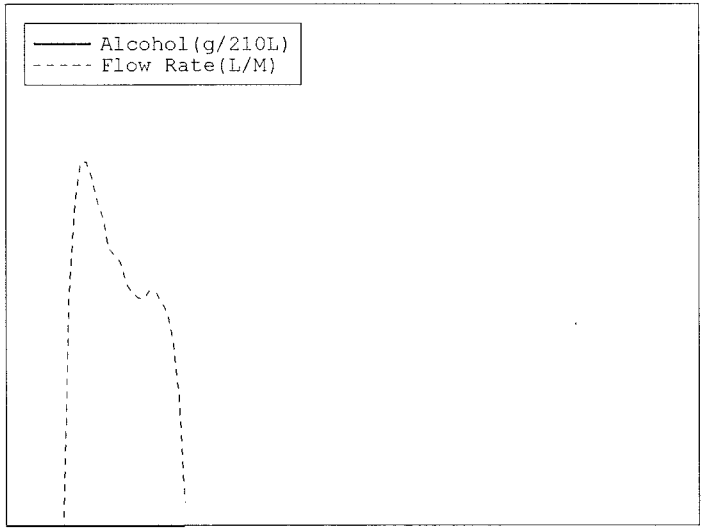
| | | | | |
|--|------------------------------------|----------------------------|--|--------------------------|
| LOCATION OF INSTRUMENT 901 VIRGINIA AVE, COLUMBIA | INSTRUMENT SERIAL NUMBER 500266 | DATE OF TEST 02/07/2023 | TIME OBSERVATION PERIOD STARTED 14:00 | TIME OF TEST 15:39:27 |
| SUBJECT NAME TEST A TEST | | | DATE OF BIRTH 02/14/2005 | |
| SUBJECT DRIVER'S LICENSE NUMBER NA | | | STATE NA | |
| ARRESTING OFFICER NA NA | | ARRESTING OFFICER ID 11 | | |
| OPERATOR JENNIFER A PERRY | | OPERATOR PERMIT 230023 | PERMIT EXP DATE 02/07/2025 | |
| OBSERVER JENNIFER A PERRY | | OBSERVER PERMIT 230023 | PERMIT EXP DATE 02/07/2025 | |

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 JENNIFER A PERRY. 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 | 15:40 |
| INTERNAL STANDARD | VERIFIED | 15:40 |
| SUBJECT SAMPLE (Vol=1.67L) | 0.000 | 15:40 |
| BLANK TEST | 0.000 | 15:41 |



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 | DATE 02/07/2023 |
|---------------------------|--------------------|

| | |
|------------------|--------------------|
| WITNESS (IF ANY) | DATE 02/07/2023 |
|------------------|--------------------|



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

2

PERMIT
TYPE II
JENNIFER A. PERRY

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 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 2/7/2023

Mike Massum

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230023

Paula J. Nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 2/7/2025

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 PERRY, JENNIFER
Permit No 230023
Date Issued 2/7/2023 Date Expires 2/7/2025

