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By Tracy Crews at 7:45 am, Apr 19, 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 500279	NAME OF AGENCY Columbia PD	DATE OF INSPECTION 04/13/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 600 E. Walnut	TIME OF INSPECTION 04:03:57
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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>04/13/2023 04:04:01</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>44.9°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
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG130104</u>	EXP. DATE <u>10/28/2023</u>
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<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DATE
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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: 0.101	TEST 2: 0.101	TEST 3: 0.102
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PERFORM R.F.I. TEST

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

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

monthly maintenance

INSPECTING OFFICER

SIGNATURE <i>Mark D. Hoehne</i>	PRINT FULL NAME MARK D HOEHNE
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TYPE II PERMIT NUMBER 220158	EXPIRATION DATE 06/14/2024	TELEPHONE NUMBER 573-874-7585
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RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email



Airgas USA, LLC (LAW)
2000 Reynolds Street
St. Louis, Mo. 63108
PH (314) 488-4100
FAX (314) 488-7000

Certificate of Analysis

Customer Name
Principal Supplier
Inchembore, Inc.
2017 Craig Road
St. Louis, Mo 63148

Test Date: 1-Nov-2021

Lot # AG130104 Model 108

Exp Date: 21-Jul-2023 Cyl. Type: 108 Component: Ethanol Nitrogen Certified Concentration: 0.100 ± 2% H₂O (100 ppm)

Certification Traceable to NIST-K NCSL and to CRM External Standards:

USDA Serial No.	Concentration	CRM Serial No.	Concentration
8150110091	100.0 ppm	8150110003	99.0 ppm
8150110076	100.0 ppm	8150110559	200.0 ppm
8150110008	200.0 ppm	8150110595	200.0 ppm
8150110051	100.0 ppm	8150110592	104.2 ppm
8150110051	100.0 ppm	8150110579	92.01 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration
8150110003	100.0 ppm	8150110559	200.0 ppm
8150110559	200.0 ppm	8150110595	200.0 ppm

Analytical Method: NCSL

Approved for Release:

Bob Marshall

Bob Marshall

ISO 17025:2017 A22.A. Accredited. Certificate Number 3002.00
ISO 17025:2017 A22.A. Accredited. Certificate Number 3002.07



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

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PERMIT
TYPE II

MARK D HOFFNE

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

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.080 through 577.041, RSMo and 506.111 through 506.119 RSMo.

DATE: 6/14/2021

NUMBER: 2021/01

EXPIRES: 6/14/2024

Michelle Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Thomas M. Williams

COMMISSIONER OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAN-4 00-100

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

INSTRUMENT OPERATOR CARD

This card is valid only when used in conjunction with the specific breath alcohol analyzer and instrument for the determination of blood alcohol content as shown on the reverse of this card.

Operator: MICHAEL HEARIC
Instrument No: 0301010
Date Issued: 07/14/2022 Date Expires: 07/14/2024

