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By Tracy Crews at 8:20 am, May 18, 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 05/18/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 600 E. Walnut		TIME OF INSPECTION 03:36:12

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>05/18/2023 03:36:15</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>45.2°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>AG130104</u>	EXP. DATE <u>10/28/2023</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: 0.101	TEST 2: 0.101	TEST 3: 0.101
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<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: 1	0-.04: 1	.05-.09: 0	.10-.14: 1	.15-.19: 4	OVER .19: 2

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 200184	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

Airgas USA, L.P. (LAW)
 2001 Highway 6700
 St. Louis, MO, 63103
 Fax (314) 992-7100
 Fax (314) 992-7100

Certificate of Analysis

Customer Name
 Product Supplier
 Acetylene, Inc.
 2001 Craig Road
 St. Louis, Mo 63143

Test Date: 1-14-2004

Lot # AG130104 Model 108

Exp Date: 28-Jul-2028
 Cyl. Type: 108
 Component: Ethanol Nitrogen
 Qualified Concentration: 0.100 ± 0.025 (200 ppm)

Concentration measured by NIST-1000 and by Certified Standards:

TEST Serial No.	Concentration	TEST Serial No.	Concentration
620010001	102.8 ppm	620010003	99.2 ppm
620010002	103.0 ppm	620010004	103.3 ppm
620010003	103.0 ppm	620010005	103.3 ppm
620010004	103.2 ppm	620010006	104.2 ppm
620010005	103.2 ppm	620010007	102.01 ppm
620010006	103.0 ppm	620010008	100.1 ppm
620010007	103.0 ppm	620010009	100.2 ppm

Analytical Method: NMR

Approved for Release: [Signature]

Approved for Release: _____

[Signature]
 Ed Masala

ISO 9001:2001 ASME Accredited. Certificate Number 2002.00
 ISO 9001:2001 ASME Accredited. Certificate Number 2002.07



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

2

PERMIT
TYPE II

MARK D HOEHE

is hereby authorized to install 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 577.030 through 577.041, 580.010 and 580.110 through 580.115 RSMo.

DATE 6/14/2021

Mike Magowan

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

RENEWAL 2/28/22

Theresa M. Neumann

STATE SECRETARY OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 6/14/2024

807-510-2224 (5-10)

LAB-400-000

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

INSTALLMENT OPERATOR CARD

The owner of this device is authorized to install and operate the breath alcohol analyzer for the purpose of determining the alcoholic content of blood from a sample of expired air.

Operator: MICHAEL WANG
Plate No: 2021-010
Date Issued: 6/14/2021

