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By Tracy Crews at 9:12 am, Jul 06, 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 06/24/2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 600 E. Walnut | | TIME OF INSPECTION 00:39:07 |

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>06/24/2023 00:39:10</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>47.5°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 |
|---------------|---------------|---------------|

| |
|---|
| <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: 0 | .05-.09: 0 | .10-.14: 2 | .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 | |
| TYPE II PERMIT NUMBER 220158 | EXPIRATION DATE 06/14/2024 | TELEPHONE NUMBER 573-874-7585 |

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

Airgas

Airgas USA, Inc. (EPA)
 6001 Kuyper Street
 St. Louis, Mo. 63130
 P.O. Box 10000
 St. Louis, Mo. 63140

Certificate of Analysis

Customer Name
 Product Supplier
 Instrument, Inc.
 1001 Chalmers Road
 St. Louis, Mo 63140

Test Date: 1-10-1981

Lot # AG730104 Model 100

Gas Code: 21-C2-2000 Qty. Total: 100 Component: Ethanol Nitrogen Qualified Component: 0.100 ± 0.01 NAC (100 ppm)

Concentration furnished in ALL-GAS RECORD used to create certified standards:

| Reference Standard No. | Concentration | Reference Standard No. | Concentration |
|------------------------|---------------|------------------------|---------------|
| 21-C2-2000 | 100.0 ppm | 21-C2-2000 | 100.0 ppm |
| 21-C2-2000 | 100.0 ppm | 21-C2-2000 | 100.0 ppm |
| 21-C2-2000 | 100.0 ppm | 21-C2-2000 | 100.0 ppm |
| 21-C2-2000 | 100.0 ppm | 21-C2-2000 | 100.0 ppm |
| 21-C2-2000 | 100.0 ppm | 21-C2-2000 | 100.0 ppm |
| 21-C2-2000 | 100.0 ppm | 21-C2-2000 | 100.0 ppm |
| 21-C2-2000 | 100.0 ppm | 21-C2-2000 | 100.0 ppm |
| 21-C2-2000 | 100.0 ppm | 21-C2-2000 | 100.0 ppm |
| 21-C2-2000 | 100.0 ppm | 21-C2-2000 | 100.0 ppm |

Analytical Method: 10001

[Signature]

Approved for Release: *Neil Mountain*
 Neil Mountain

NO 21-C2-2000 ALL-GAS RECORD. Certificate Number 302.00
 NO 21-C2-2000 ALL-GAS RECORD. Certificate Number 302.01



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

2

PERMIT
TYPE II

MARK D HOEFNE

is hereby authorized to install and supervise operators, train instructors, inspect, calibrate, perform field service 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 577.820 through 577.841, RSMo and 568.111 through 568.119, RSMo.

DATE: 6/14/2021

Mike Maguire

NUMBER: 2207180

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

EXPIRES: 6/14/2024

Thomas M. ...

SECRETARY OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MS-400-0020 (2-10)

LAB-000-000

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 breathalyzer to which it is issued. It is not valid for use on any other breathalyzer.

Operator: **MARK D HOEFNE**
 Permit No: **2207180**
 Date Issued: **6/14/2021** Expiration: **6/14/2024**

