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By Tracy Crews at 7:58 am, Jul 27, 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 07/27/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 600 E. Walnut	TIME OF INSPECTION 04:14:15
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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.

<input checked="" type="checkbox"/> DIAGNOSTIC RECORD	
DATE AND TIME <u>07/27/2023 04:14:18</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>42.9°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.

<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: 0.102	TEST 2: 0.102	TEST 3: 0.101
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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: 0	.05-.09: 0	.10-.14: 3	.15-.19: 1	OVER .19: 2
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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

AIRGAS, L.P. (E-10)
2001 Commerce Street
Houston, Texas 77002
Tel: (713) 261-1000
Fax: (713) 261-1001

Certificate of Analysis

Customer Name
Synthetic Supply
Producers, Inc.
1401 Craig Road
St. Louis, Mo 63140

Test Date: 1-30-2009

Lot# AQ780104 Metal 100

Gas Grade AS-Cat-100A	Gas Type 100	Customer Special Analysis	Qualified Manufacturer Orifice Size: 1/8" (200 ppm)
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Our Analysis is made to ASME B31.3 and to ASTM Standard Standards

Form Number AS-Cat-100A	Concentration 100% pure	Flow Rate No. AS-Cat-100A	Temperature 100% pure
AS-Cat-100A	100% pure	AS-Cat-100A	100% pure
AS-Cat-100A	100% pure	AS-Cat-100A	100% pure
AS-Cat-100A	100% pure	AS-Cat-100A	100% pure

Flow Rate No. AS-Cat-100A	Concentration 100% pure	Flow Rate No. AS-Cat-100A	Temperature 100% pure
AS-Cat-100A	100% pure	AS-Cat-100A	100% pure
AS-Cat-100A	100% pure	AS-Cat-100A	100% pure
AS-Cat-100A	100% pure	AS-Cat-100A	100% pure

Analysis Method: None

Analysis Method: None

Approved the Analysis: Neil M. ...
Neil M. ...

FOR INFORMATION: ALL A... Certificate Number 0002.00
AND FOR INFORMATION: Certificate Number 0002.00



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

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PERMIT
 TYPE II

MARK D HOEINE

I hereby authorize to install and supervise operators this instrument, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

for the enforcement of the alcoholic content of blood laws in compliance of section 56.02 through 56.04, 56.06 and 56.07 through 56.10 RSMo.

DATE: 6/1/2003

NAME: [Signature]

ADDRESS: [Signature]

1007-410-0001 (2-10)

Mike Mason

DIRECTOR OF PUBLIC SAFETY LABORATORY

Thomas M. [Signature]

COMMISSIONER OF DEPARTMENT OF PUBLIC SAFETY

LAB-404-004

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

INSTRUMENT OPERATOR CARD

This document is valid only when used in conjunction with the instrument and the operator's name and address are printed on the card.

Operator: **MARK D HOEINE**
 Address: [Signature]
 State: [Signature] Date: [Signature]

[Barcode]