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By Tracy Crews at 7:25 am, Sep 13, 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 09/12/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 600 E. Walnut		TIME OF INSPECTION 08:54:31

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>09/12/2023 08:54:34</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>44.2°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS LOT # AG130104 EXP. DATE 10/28/2023

SIMULATOR TEMP (34°C ± 0.2°C) _____ SIM. SN _____ SIM. NIST EXP DATE _____

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: 0.102	TEST 2: 0.101	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: 0	.15-.19: 0	OVER .19: 0
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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)

Done per DHSS Rules and Regulations

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME JORDAN D PAYNE	
TYPE II PERMIT NUMBER 210211	EXPIRATION DATE 09/14/2023	TELEPHONE NUMBER 573-874-7652

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

Airgas

1000 N. ...
Mesa, AZ 85203

Certificate of Analysis

Customer Name:
Product Number:
Quantity:
Lot Number:

Date: 12/22/2023

Lot # AQ120104 Brand 100

Item Description	Quantity	Manufacturer	Serial Number	Test Results
<i>(illegible)</i>	<i>(illegible)</i>	<i>(illegible)</i>	<i>(illegible)</i>	<i>(illegible)</i>
<i>(illegible)</i>	<i>(illegible)</i>	<i>(illegible)</i>	<i>(illegible)</i>	<i>(illegible)</i>

Approved for Release: _____
(Signature)
Date: _____

(Illegible text, likely company name or contact info)



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 NUCLEAR MEDICINE PROGRAM



PERMIT
 TYPE II

JORDAN TAYNE

In hereby certifying to the above and authorizing operation, with limitations, in part, as follows, pursuant to the provisions of sections 191.010 through 191.030, R.S.M.S., and 191.040, R.S.M.S.

ALCO-SUNNOR IV WITH TRITIUM, INLOX UNIT

Subject to the conditions of the permit and subject to the provisions of sections 191.010 through 191.030, R.S.M.S., and 191.040, R.S.M.S., the holder of this permit shall be deemed to have accepted the provisions of sections 191.010 through 191.030, R.S.M.S., and 191.040, R.S.M.S., and shall be deemed to have accepted the provisions of sections 191.010 through 191.030, R.S.M.S., and 191.040, R.S.M.S.

ISSUED BY:
 AUTHORITY:
 EXPIRES:
 REVISED:

