

RECEIVED

By Tracy Crews at 7:58 am, Feb 10, 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<br>500604 | NAME OF AGENCY<br>Sikeston PD | DATE OF INSPECTION<br>02/06/2023 |
|------------------------|-------------------------------|----------------------------------|

|  |                                |
|--|--------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>S. Kingshighway Sikeston, MO | TIME OF INSPECTION<br>07:14:42 |
|--|--------------------------------|

**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"/> <b>DIAGNOSTIC RECORD</b>     |   |
| DATE AND TIME <u>02/06/2023 07:14:44</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>47.7°C</u>    | <input checked="" type="checkbox"/> FILTER 3          |
| <input checked="" type="checkbox"/> PUMP                         | <input checked="" type="checkbox"/> INTERNAL STANDARD |

|   |  |
|---|--|
| <b>BREATH ANALYZER ACCURACY STANDARDS</b>   |  |
| <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) _____ | SIMULATOR SN _____ | SIMULATOR EXP DATE _____ |
|--|--------------------|--------------------------|

|  |  |
|--|--|
| <input checked="" type="checkbox"/> <b>CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b><br>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: 0.098 | TEST 3: 0.098 |
|---------------|---------------|---------------|

|   |
|---|
| <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: 0 | 0-.04: 2 | .05-.09: 0 | .10-.14: 1 | .15-.19: 0 | 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)

**INSPECTING OFFICER**

|               |                                      |
|---------------|--------------------------------------|
| SIGNATURE<br> | PRINT FULL NAME<br>RYAN SCHILDKNECHT |
|---------------|--------------------------------------|

|                                 |                               |                                  |
|---------------------------------|-------------------------------|----------------------------------|
| TYPE II PERMIT NUMBER<br>210253 | EXPIRATION DATE<br>11/12/2023 | TELEPHONE NUMBER<br>660-543-4573 |
|---------------------------------|-------------------------------|----------------------------------|

RETURN COMPLETED REPORT TO THE  
Breath Alcohol Program, MO Department of Health and Senior Services  
Southeast District Office  
2875 James Blvd, Poplar Bluff, MO 63901

SRO Number: SRO-054144

Received Date: 10/26/2022

Completion Date: 01/13/2023

SRO Type: REPAIR

SRO Description: DMT Repair, Detector

Customer ID: C000MOCEN1

Customer PO: 10262022-Bond

Contact: Matt Bond

Email: mbond@ucmo.edu

**Ship To:**

University Of Central Missouri  
Central Receiving  
415 East Clark Street  
Southeast Complex Bldg B

**Units on SRO**

|   |            |                              |
|---|------------|------------------------------|
| 1 | 50-0110-00 | INTOX DMT MISSOURI WET/DRY   |
| 2 | 36-0260-00 | I/O CARD READER 260 2D + MAG |

|                          |  |  |
|--------------------------|--|--|
| Service Line: 1          |  | **All Instruments are Calibrated to Factory Specifications** |
| <b>Unit Type:</b>        | (50-0110-00) INTOX DMT MISSOURI WET/DRY  |  |
| <b>Serial Number:</b>    | 50500604   |  |
| <b>Reason:</b>           | DMT Functional   |  |
| <b>Reason Notes:</b>     | Acc Fail<br>Customer Reported Issue: Detector issues causing accuracy checks to fail.  |  |
| <b>Resolution:</b>       | Replaced   |  |
| <b>Resolution Notes:</b> | RPL PCB<br>Replaced IR detector. Optimized, stabilized, then ran adjustments and accuracy checks. Inspected and adjusted to factory standards. |  |

| Parts:                   | Qty   | Part Number | Part Description                 |
|--------------------------|---|-------------|----------------------------------|
|                          | 1   | 59-0055-00  | DMT ELEC DETECTOR PCB ASSY 41601 |
| <b>Reason:</b>           | DMT Status Messages   |             |                                  |
| <b>Reason Notes:</b>     | Blank<br>Incomplete purges causing blank errors.  |             |                                  |
| <b>Resolution:</b>       | Replaced  |             |                                  |
| <b>Resolution Notes:</b> | RPL mech<br>Several sections of tubing were found to be kinked. Some with zip ties pinching off the flow. Replaced or adjusted tubing as needed.<br>Calibrated flow with 3 liter syringe. |             |                                  |

|                          |   |  |                  |
|--------------------------|---|--|------------------|
| Service Line: 2          |   | **All Instruments are Calibrated to Factory Specifications** |                  |
| <b>Unit Type:</b>        | (36-0260-00) I/O CARD READER 260 2D + MAG |  |                  |
| <b>Serial Number:</b>    | 362600010838                              |  |                  |
| <b>Reason:</b>           | Part of System-No issues                  |  |                  |
| <b>Reason Notes:</b>     | WithSyst<br>No Reported Issue             |  |                  |
| <b>Resolution:</b>       |   |  |                  |
| <b>Resolution Notes:</b> | Did not service.                          |  |                  |
| <b>Parts:</b>            | Qty                                       | Part Number  | Part Description |
|                          | 1   | 99-0001-00   | MISC REPAIR      |



Airgas USA LLC (LAB)  
 3500 Bernard Street  
 St. Louis, Mo. 63103  
 Ph: (314) 533-3100  
 Fax: (314) 533-7328

## Certificate of Analysis

Test Date: 1-Nov-2021

**Customer Name**  
 Exclusive Supplier  
 Intoximeters, Inc.  
 2081 Craig Road  
 St. Louis, Mo 63146

**Lot #** AG130104 **Model** 108

|                                |                         |   |   |
|--------------------------------|-------------------------|---|---|
| <b>Exp Date</b><br>28-Oct-2023 | <b>Cyl. Type</b><br>108 | <b>Component</b><br>Ethanol<br>Nitrogen | <b>Certified Concentration</b><br>0.100 ± 2% BrAC (260 ppm) |
|--------------------------------|-------------------------|---|---|

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

| RGM Serial No. | Concentration | RGM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| EB0010581      | 392.1 ppm     | EB0010603      | 393.0 ppm     |
| EB0010570      | 259.8 ppm     | EB0010559      | 258.2 ppm     |
| EB0010285      | 208.0 ppm     | EB0010595      | 208.3 ppm     |
| EB0010561      | 103.6 ppm     | EB0010562      | 104.2 ppm     |
| EB0010681      | 52.12 ppm     | EB0010579      | 52.81 ppm     |

| CRM Serial No. | Concentration | CRM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| CC434668       | 800.0 ppm     | 0056649        | 390.1 ppm     |
| CC234503       | 253.0 ppm     | 0056662        | 150.2 ppm     |

Analytical Method: NDIR

Digitally signed by: Quality Control  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)  
 Date: 11.05.2021 11:46

Approved for Release:   
 Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06  
 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



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

2

**PERMIT**  
**TYPE II**  
**RYAN SCHILDKNECHT**

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

**INTOX DMT, INTOXILYZER 8000, INTOX EC/IR II, ASIV W/PRINTER**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 11/12/2021

NUMBER 210253

EXPIRES 11/12/2023

MO 580-0771 (6-10)

*Laura P. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Keenan*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



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

**INSTRUMENT OPERATOR CARD**

*The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*



Operator SCHILDKNECHT, RYAN  
Permit No 210253  
Date Issued 11/12/2021 Date Expires 11/12/2023