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By Tracy Crews at 3:29 pm, Sep 25, 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 500604 | NAME OF AGENCY Sikeston PD | DATE OF INSPECTION 09/25/2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY) S. Kingshighway Sikeston, MO | | TIME OF INSPECTION 13:45:44 |

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>09/25/2023 13:45:46</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>44.9°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 |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH</u> | LOT # <u>302402630685</u> EXP. DATE <u>01/12/2026</u> |
| <input type="checkbox"/> 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: 0.099 | TEST 2: 0.098 | TEST 3: 0.098 |
|---------------|---------------|---------------|

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: 3 | .10-.14: 2 | .15-.19: 3 | OVER .19: 0 |
|-------------|----------|------------|------------|------------|-------------|

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 | PRINT FULL NAME JORDAN R CLIFF |
|---------------|-----------------------------------|

| | | |
|---------------------------------|-------------------------------|------------------|
| TYPE II PERMIT NUMBER 230101 | EXPIRATION DATE 05/30/2025 | TELEPHONE NUMBER |
|---------------------------------|-------------------------------|------------------|

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

CERTIFICATE OF ANALYSIS

EBS - ETHANOL BREATH STANDARD

Sales order: 1118532050
Date: March 07, 2023

SIKESTON PUBLIC SAFETY DEPT

METHOD OF ANALYSIS: IR Breath Alcohol Analyzer
ANALYTICAL ACCURACY: +/-0.002 BrAC or +/-2% whichever is greater.
CALGAZ LOT#: 302-402630685
ETHANOL IN NITROGEN

Product Expiration: January 12, 2026

| COMPONENT | PPM | (BrAC) |
|--------------------------|----------|----------|
| ETHANOL | 260.5PPM | (0.100) |
| NITROGEN | BAL | |
| AVERAGE ANALYTICAL VALUE | PPM | (BrAC) |
| ETHANOL | 261.5 | (0.100) |

| REFERENCE STANDARD | CYLINDER | CONCENTRATION PPM |
|-----------------------------|----------|-------------------|
| N.M.I. TRACEABLE STANDARDS* | ND38434 | 260.4 |

* CERTIFICATION TRACEABLE TO NATIONAL METROLOGY INSTITUTE TRACEABLE STANDARDS

TRACEABILITY

Preparation:

Gas mixtures manufactured with balances calibrated by an ISO 17025 accredited company using NIST traceable weights and meets or exceeds the requirements of NIST Handbook 44.

Traceable certificate numbers 3445312 and 3398673.

Analytical:

Analytical Instruments Calibrated Using NMI Traceable Standards.

Certification Numbers: A679-20190918, D049803-20220329

No effecting environmental conditions during analysis.

*NMI is recognized by NIST through the Mutual Recognition Agreement (CIPM MRA).

CALGAZ calibration devices were found to meet all applicable requirements of the National Highway Traffic Safety Administration Model Specifications for calibrating units for breath alcohol testers.

Manufactured Date: January 12, 2023

APPROVED BY: _____



"We certify that all the cylinders for the Lot numbers identified herein are manufactured and tested within the requirements of CFR 49 part 178.65 and that physical and chemical test reports are on file and copies will be furnished upon request."

CALGAZ, a division of Airgas USA LLC
821 Chesapeake Drive, Cambridge, MD 21613-0149
Phone: (410) 228-6400 Fax: (410) 228-4251



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

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PERMIT
TYPE II
JORDAN CLIFF

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

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 5/30/2023

NUMBER 230101

EXPIRES 5/30/2025

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (9-15)

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 CLIFF, JORDAN
Permit No 230101
Date Issued 5/30/2023 Date Expires 5/30/2025

