



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 500155 | NAME OF AGENCY Missouri State Highway Patrol | DATE OF INSPECTION 01/01/2024 |
| LOCATION OF INSTRUMENT (STREET AND CITY) ADAIR CO SO, 215 N. FRANKLIN ST, KIRKSVILLE, MO | | TIME OF INSPECTION 08:30:06 |

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>01/01/2024 08:30:08</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>46.7°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>AG320501</u> EXP. DATE <u>07/24/2025</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.

| |
|---|
| <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: 0.100 | TEST 3: 0.100 |
|---------------|---------------|---------------|

PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

| | | | | | |
|-------------|-----------|------------|------------|------------|-------------|
| REFUSALS: 0 | 0-.04: 13 | .05-.09: 0 | .10-.14: 2 | .15-.19: 0 | OVER .19: 1 |
|-------------|-----------|------------|------------|------------|-------------|

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)

W/ STANDARD CHANGE

| | |
|--|---|
| INSPECTING OFFICER | |
| SIGNATURE <i>[Signature]</i> | PRINT FULL NAME G L GAINES |
| TYPE II PERMIT NUMBER 220040 | EXPIRATION DATE 02/10/2024 |
| | TELEPHONE NUMBER 660-385-2132 |

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



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

Certificate of Analysis

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

Test Date: 26-Jul-2023

Lot # AG320501 **Model** 108

| Exp Date | Cyl. Type | Component | Certified Concentration |
|-------------|-----------|---------------------|---------------------------|
| 24-Jul-2025 | 108 | Ethanol Nitrogen | 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 | 391.8 ppm | EB0010603 | 392.5 ppm |
| EB0010570 | 259.8 ppm | EB0010559 | 258.9 ppm |
| EB0010285 | 209.0 ppm | EB0010562 | 104.2 ppm |
| EB0010561 | 103.7 ppm | EB0010579 | 52.94 ppm |
| EB0010681 | 52.22 ppm | | |

| CRM Serial No. | Concentration | CRM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| CC727481 | 800.0 ppm | CC727493 | 390.0 ppm |
| CC727496 | 253.0 ppm | CC727498 | 150.0 ppm |

Analytical Method: NDIR

Digitally signed by: Quality Control
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)
Date: 07.26.2023 12:45

Approved for Release: _____

Rod Marsala

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

STANDARD CHANGE

Missouri State Highway Patrol
INTOX dmt: 500155

Date: 01/01/2024
Time: 08:26:55

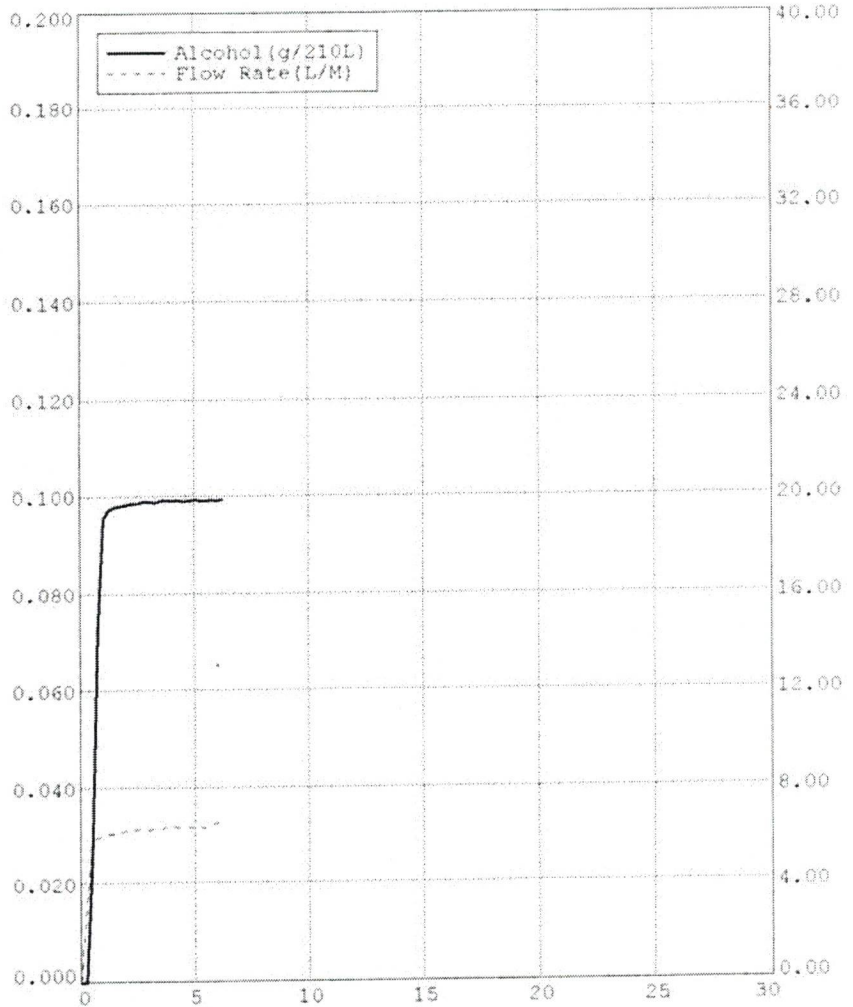
OPERATOR NAME:
G L GAINES
PERMIT NUMBER: 220040
EXPIRATION DATE: 02/10/2024

LOT #: AG320501
SUPPLIER: INTOXIMETERS
EXPIRATION: 07/24/2025
SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION
CONCENTRATION: 0.100
TARGET: 0.098

| | | |
|-------------------|----------|-------|
| BLANK TEST | 0.000 | 08:27 |
| INTERNAL STANDARD | VERIFIED | 08:28 |
| EXTERNAL STANDARD | 0.100 | 08:28 |
| BLANK TEST | 0.000 | 08:29 |

Average = 0.1000
Std Dev = 0.0000
Spread = 0.0000



GLG



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

2

PERMIT
TYPE II
GRAYDON L. GAINES

is hereby authorized to instruct 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 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 2/10/2022

NUMBER 220040

EXPIRES 2/10/2024

Laura W. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Graydon L. Gaines

acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 GAINES, GRAYDON
Permit No 220040
Date issued 2/10/2022 Date Expires 2/10/2024

