

RECEIVED

By Tracy Crews at 7:30 am, Jan 08, 2024



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 500239	NAME OF AGENCY Mexico Public Safety Department	DATE OF INSPECTION 01/05/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 300 N. Coal, Mexico, MO 65265		TIME OF INSPECTION 16:47:39

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>01/05/2024 16:47:41</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>49.0°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>INTOXIMETERS</u>	LOT # <u>AG220102</u>	EXP. DATE <u>07/20/2024</u>
<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____	SIM. SN _____	SIM. NIST EXP DATE _____

<input checked="" type="checkbox"/> 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: 0.099	TEST 2: 0.099	TEST 3: 0.099
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<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: 0	.05-.09: 1	.10-.14: 1	.15-.19: 2	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)

INSPECTING OFFICER		
SIGNATURE 	PRINT FULL NAME STUART J THOMPSON	
TYPE II PERMIT NUMBER 220267	EXPIRATION DATE 12/02/2024	TELEPHONE NUMBER 573-581-2100

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



Airgas USA LLC (LAB)
 8800 Hamard Street
 St. Louis, Mo, 63148
 PH: (314) 833-3100
 FAX: (314) 833-7320

Certificate of Analysis

Customer Name
 Exclusive Supplier
 IntelXtreme, Inc,
 2001 Orady Road
 St. Louis, Mo 63148

Test Date: 20-Jul-2022

Lot # AG220102 Model 108

Exp Date 20-Jul-2024	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 0.100 ± 2% BrAO (200 ppm)
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Certification Traceable to NIST, ROM and to CRM Ethanol Standards:

CRM Serial No.	Concentration	CRM Serial No.	Concentration
EB0010803	394.8 ppm	EB0010803	302.4 ppm
EB0010870	280.0 ppm	EB0010808	200.0 ppm
EB0010808	200.0 ppm	EB0010802	104.3 ppm
EB0010807	103.7 ppm	EB0010870	82.04 ppm
EB0010804	82.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CG727401	300.0 ppm	CG727403	300.0 ppm
CG727400	200.0 ppm	CG727405	100.0 ppm

Analytical Method: NDIR

Digitally signed by Rod Mataala
 DN: cn=Rod Mataala, o=Airgas USA LLC (LAB)
 Date: 2022.07.21 14:10

Approved for Release: Rod Mataala
 Rod Mataala

ISO 17020:2017 A2LA accredited, Certificate Number 3002.06
 ISO 17031:2016 A2LA accredited, Certificate Number 3002.07



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



PERMIT
TYPE II

STUART J. THOMPSON

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

INTOX DMT

for the determination of the alcohol content of blood from a sample of expired air. Permit issued under the provisions of sections 577.025 through 577.041, RSMo and 506.111 through 506.116 RSMo.

DATE 12/2/2022

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220267

Pauline K. Johnson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 12/2/2024

(2014.010-10)

(10/18/07) (6-10)

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

INSTRUMENT OPERATOR CARD

The holder of this card is authorized to operate any Intox DMT breath alcohol instrument for the determination of the alcohol content in breath from a person at all times.

Operator THOMPSON, STUART
Permit No 220267
Date Issued 12/2/2022 Date Expires 12/2/2024

