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By Tracy Crews at 3:14 pm, Feb 05, 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 02/05/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 300 N. Coal, Mexico, MO 65265		TIME OF INSPECTION 14:24:36

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>02/05/2024 14:24:38</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>46.6°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: 0.103	TEST 2: 0.103	TEST 3: 0.103
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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: 0	.10-.14: 0	.15-.19: 0	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 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
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Airgas

Airgas USA, L.P. (LAB)
 3000 Damond Blvd
 St. Louis, Mo, 63148
 Ph: (314) 888-8100
 Fax: (314) 888-7828

Certificate of Analysis

Customer Name
 Exclusive Supplier
 Hydroxymeta, Inc.
 2001 Orally Road
 St. Louis, Mo 63148

Test Date: 20-Jul-2022

Lot # AG220102 Model 108

Exp Date: 20-Jul-2024
 Cyl. type: 168
 Component: Ethanol
 Nitrogen
 Certified Concentration: 0.100 ± 2% BrAO (200 ppm)

Certification Traceable to NIST/CRM and to CRM Ethanol Standards

CRM Serial No.	Concentration	CRM Serial No.	Concentration
BB0010801	334.8 ppm	BB0010806	302.4 ppm
BB0010870	288.8 ppm	BB0010808	288.8 ppm
BB0010288	208.8 ppm	BB0010802	104.2 ppm
BB0010881	108.7 ppm	BB0010870	82.84 ppm
BB0016801	82.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CG227401	888.8 ppm	CG227403	888.8 ppm
CG227408	288.8 ppm	CG227408	188.8 ppm

Analytical Method: NDIR

Not to be used for legal or forensic purposes
 unless accompanied by a copy of this certificate
 Date: 07/21/22 14:30

Approved for Release: Paul Marston
 Paul Marston

ISO 17020:2017 A2LA accredited. Certificate Number 2022.08
 ISO 17034:2016 A2LA accredited. Certificate Number 2022.07



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



PERMIT
TYPE II

STUART J. THOMPSON

is hereby authorized to instruct and supervised operators, train instructors, inspect, calibrate, perform field exercises and repair and operate the following breath analyzer(s)

INTOX DMET

for the determination of the alcohol content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 506.111 through 506.119 RSMo.

DATE 12/2/2022

Mike Mason

DIRECTOR OF DIVISION OF PUBLIC HEALTH LABORATORY

NUMBER 200207

Dawn K. Anderson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 12/2/2024

MS 100 021 (040)

1/14/10-09

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

INSTRUMENT OPERATOR CARD

The person operating this instrument is authorized to operate any portable breathalyzer that is used for the determination of the alcohol content of blood from a sample of expired air.

Operator THOMPSON, STUART
Permit No. 200207
Date Issued 12/2/22 Expire 12/2/24