

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 r Complete this report whenever the instrument i Retain the original and send a copy within 15 d	is serviced or repaired and	whenever it is placed i			
INTOX DMT SN NAME OF AGENCY ST. LOUIS	COUNTY POLICE DEF	PARTMENT	07/15/2020		
LOCATION OF INSTRUMENT (STREET AND CITY) 11815 BENHAM ROAD, ST. LOUIS			TIME OF INSPECTION 12:26:32		
CHECKLIST: Place a mark in the box by each values where determined). Unmarked items mu	item if found to be satisfacust be corrected before usi	ctory or is operating wi	thin established limits. (V	Write in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME 07/15/2020 12:26:35	5	☑ DETECTOR			
☑ PROGRAM ☑ FILTER 1					
☑ SAMPLE CHAMBER 48.7°C		☑ FILTER 2			
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐					
☑ PUMP		INTERNAL STAN	DARD		
BREATH ANALYZER ACCURACY STANDA	ARDS				
☐ SIMULATOR STANDARD		COMPRESSED E	THANOL-GAS MIXTUR	Ε Ε	
☑ STANDARD SUPPLIER INTOXIMETER	RS LOT#_	AG824901	EXP. DATE 09	9/06/2020	
☐ 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: 0.100	TEST 2: 0.099		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: 1 004: 0	.0509: 0	.1014: 0	.1519: 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) Firmware update performed by MoDHSS on 07/15/2020 at MSHP, Troop C HQ.					
INSPECTING OFFICER					
SIGNATURE PARTY		PRINT FULL NAME PO JAHNS			
TYPE II PERMIT NUMBER 290039	EXPIRATION DATE 02/20/2021	636-529-6			
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: 6-Sep-2018

Lot # AG824901 Model 108cacd

Exp. Date

Cyl. Type

Component

Certified Concentration

6-Sep-2020

108

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

Balance

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

Serial No.	Concentration	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

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2018.09.06 15:44:15 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

KYLE JAHNS

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	han
1.	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 290039	
EXPIRES 2/20/2021	
MO 680-0771 (0-10)	OFFICE OF DEPARTMENT OF HEALTH AND BENIOR SERVICES