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By Tracy Crews at 11:42 am, Feb 25, 2020



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 500013	NAME OF AGENCY Grandview Police Department	DATE OF INSPECTION 02/14/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 Main Street Grandview, MO 64030		TIME OF INSPECTION 15:06:51

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>02/14/2020 15:06:54</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER 48.7°C	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE 42.0°C	<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 AIRGAS	LOT # <u>AG923908</u>	EXP. DATE <u>08/27/2021</u>
<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C)	SIMULATOR SN _____	SIMULATOR 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 type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input checked="" 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: 0.079	TEST 2: 0.079	TEST 3: 0.079
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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: 1	0-04: 1	.05-.09: 1	.10-.14: 1	.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 BRANDON P GRANTHAM
TYPE II PERMIT NUMBER 290167	EXPIRATION DATE 08/09/2021
	TELEPHONE NUMBER 816-316-4908

RETURN COMPLETED REPORT TO THE	Breath Alcohol Program, MO Department of Health and Senior Services Southeast District Office 2875 James Blvd, Poplar Bluff, MO 63901
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Airgas USA LLC (LAB)
 3500 Bernard Street
 St. Louis, Mo. 63103
 Ph: (314) 533-3100
 Fax: (314) 533-7328

Certificate of Analysis

Test Date: 29-Aug-2019

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

Lot # AG923908 Model 108cacd

Exp. Date	27-Aug-2021
Cyl. Type	108
Component	Ethanol
	Nitrogen
Certified Concentration	0.080 ± 0.002 BrAC (208 ppm)
	Balance

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration	CRM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm	EB0010579	52.81 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm	EB0010562	104.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm	EB0010579	150.2 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm	0056649	390.1 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm	0056662	150.2 ppm
CC434668	800.0 ppm				
CC234503	253.0 ppm				

Analytical Method:

NDIR

Approved for Release:

Rod Marsala

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06
 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07

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
GRANTHAM, BRANDON
Permit No 290167
Date Issued 8/9/2019 Date Expires 8/9/2021



MO 580-0771 (6-10)

EXPIRES 8/9/2021

NUMBER 290167

DATE 8/9/2019

577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4, (R6-10)

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

PERMIT
TYPE II
BRANDON GRANTHAM



RETURN COMPLETED APPLICATION TO THE:
 Breath Alcohol Program, Missouri Department of Health and Senior Services
 Southeast District Office
 2875 James Blvd.
 Poplar Bluff, MO 63901

DATE
08/08/2019

SIGNATURE OF APPLICANT

 180

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If those conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1-Intox DMT	2 OK SGW	10 SELF-TESTS OK SGW
2-AS IV	2 OK SGW	10 SELF-TESTS OK SGW

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	NAME OF INSTRUCTOR	MAINTENANCE REPORTS COMPLETED	SELF-TESTS COMPLETED
02/11	Safety Center - Type 2	56	Datamaster	Welsh	<input type="checkbox"/>	<input type="checkbox"/>
08/13	Safety Center - Type 2	14	Intox DMT	Welsh	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
08/13	Safety Center - Type 2	8	AS IV	Welsh	<input checked="" type="checkbox"/>	<input type="checkbox"/>

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS
 (Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DEPARTMENT OR TRUCK: Grandview Police Dept
 BUSINESS ADDRESS (CITY, STATE, ZIP CODE): 1200 Main Street Grandview, MO 64030
 EMAIL ADDRESS: bgrantham@grandview.org

THIS APPLICATION IS FOR: RENEWAL NEW PERMIT

CURRENT PERMIT NUMBER AND EXPIRATION DATE: 270197 09-20-2019

PRINT FULL NAME: Brandon Grantham
 TITLE: Sergeant
 AGE: 36

A disclosure concerning your SSN number is available at: <http://www.health.mo.gov/lab/breathalcohol/>

TELEPHONE: (816) 318-4908

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

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



RECEIVED
 By Tracy Crews at 12:05 pm, Aug 08, 2019

APPROVED
 By Stephen Wilson at 8:12 am, Aug 09, 2019