



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
 BREATH ALCOHOL PROGRAM
INTOX DMT MAINTENANCE REPORT

RECEIVED
 By Tracy Crews at 2:58 pm, Sep 03, 2020

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 500042	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 09/03/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 102B S. Holden St., Warrensburg, MO 64093		TIME OF INSPECTION 10:50:16

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.

DIAGNOSTIC RECORD

DATE AND TIME <u>09/03/2020 10:50:18</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>48.1°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS LOT # AG905203 EXP. DATE 02/21/2021

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: 0.099 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: 0 0-.04: 0 .05-.09: 2 .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)

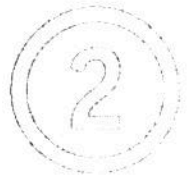
INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME JOSHUA D OWENS	
TYPE II PERMIT NUMBER 200105	EXPIRATION DATE 02/27/2022	TELEPHONE NUMBER 816-622-0800

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



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



PERMIT
TYPE II
JOSHUA D OWENS

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

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 2/27/2020

NUMBER 200105

EXPIRES 2/27/2022

[Signature]
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO-680 (2/7/16 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 OWENS, JOSHUA
 Permit No 200105
 Date Issued 2/27/2020 Date Expires 2/27/2022



RECEIVED

By Stephen Wilson at 8:54 am, Feb 27, 2020

APPROVED

By Stephen Wilson at 8:55 am, Feb 27, 2020



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

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

NEW PERMIT RENEWAL CURRENT PERMIT NUMBER AND EXPIRATION DATE: 280109 03/05/2020

NAME: Joshua D Owens TITLE: Cpl ID: 14

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

UNIT: MSHP Troop A PHONE: (816) 622-0800

ADDRESS: 504 SE Blue Pkwy, Lees Summit, MO 64063

EMAIL: jowens@rnsdp.dps.mo.gov

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.)

DATE	LOCATION OF COURSE	COURSE LENGTH (HOURS)	NAME & MODEL OF BREATH ANALYZER	
2017	MSHP Academy	40	Datamaster	<input type="checkbox"/>
4/7/2014	UCMO MSC	40	Supervisor Course	<input checked="" type="checkbox"/> W/MSA
5/1/2014	UCMO MSC	14	Intox DMT	<input checked="" type="checkbox"/> W/MSA
				<input type="checkbox"/>

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
Intox DMT	2 2 MRS OK SGW	5 5 SELF TESTS OK SGW

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.

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

Signature: Date: 02/27/2020

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2975 James Blvd
Foplar Bluff, MO 63901



Airgas USA LLC (LAB)
 3500 Bernard Street
 St. Louis, Mo. 63103
 Ph: (314) 533-3100
 Fax: (314) 533-2922

Certificate of Analysis

Customer Name
 Exclusive Supplier
 Integrometers, Inc.
 2751 Craig Road
 St. Louis, Mo. 63146

Test Date: 22 Feb 2019

Lot # AG905203 Model 108cadd

<u>Exp. Date</u> 21 Feb-2021	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0-100 ± 2% BrAC (250 ppm) Balance
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Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
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

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0056649	390.1 ppm
CC434503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Each cylinder is Quality Control
 dated 01/19/19 07:13:17 6410680
 for 100% O2 gas standard certification of analysis
 located in Airgas USA LLC (LAB)

Approved for Release:

 Rod Marsala

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