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By Tracy Crews at 7:51 am, Oct 23, 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 500056 | NAME OF AGENCY Missouri State Highway Patrol | DATE OF INSPECTION 10/04/2020 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 2501 W Mechanic St., Harrisonville | | TIME OF INSPECTION 20:41:10 |

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>10/04/2020 20:41:12</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>46.1°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>AG831903</u> EXP. DATE <u>11/15/2020</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: 0.098 | TEST 2: 0.098 | TEST 3: 0.098 |
|---------------|---------------|---------------|

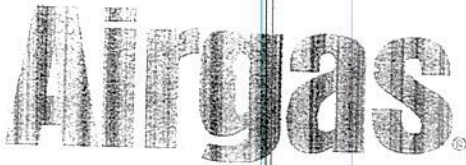
| |
|---|
| <input checked="" type="checkbox"/> PERFORM R.F.I. TEST |
|---|

| | | | | | |
|--|----------|------------|------------|------------|-------------|
| 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: 1 | .15-.19: 1 | 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 <i>Jayson R Hastings</i> | PRINT FULL NAME JAYSON R HASTINGS | | |
| TYPE II PERMIT NUMBER 280314 | EXPIRATION DATE 10/04/2020 | TELEPHONE NUMBER | |

| | |
|--------------------------------|---|
| 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
Inoximeters, Inc.
10411 Farm Road
St. Louis, Mo 63141

Test Date: 27-Nov-2018

Lot# AG831903 Model 108cadd

Exp. Date
18-Nov-2020

Cyl. Type
108

Component
Ethanol
Nitrogen

Certified Concentration
0.100 ± 2% BrAC (260 ppm)
Balance

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

| Serial No. | Concentration | Serial No. | Concentration |
|------------|---------------|------------|---------------|
| EB 0010613 | 392.1 ppm | EB0010603 | 393.0 ppm |
| EB 0010670 | 259.8 ppm | EB0010559 | 258.2 ppm |
| EB 0010238 | 209.8 ppm | EB0010595 | 208.3 ppm |
| EB 0010684 | 103.6 ppm | EB0010562 | 104.2 ppm |
| EB 0010603 | 52.12 ppm | EB0010579 | 52.81 ppm |

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2018.11.27 10:10:26 -0600
Reason: Dry gas standard verification 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

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PERMIT
TYPE II
R. JAYSON HASTINGS

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 11/7/2018

NUMBER 280314

EXPIRES 11/7/2020

MO 580.0771 (6-10)

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

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 HASTINGS, R. JAYSON
 Permit No 280314
 Date Issued 11/7/2018 Date Expires 11/7/2020

