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By Tracy Crews at 8:45 am, Jun 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 500061	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 06/14/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 201E Water Street, Greenfield MO 65661	TIME OF INSPECTION 18:42:37
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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>06/14/2020 18:42:39</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>47.5°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>AG931104</u>	EXP. DATE <u>11/07/2021</u>
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<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____	SIMULATOR SN _____	SIMULATOR EXP DATE _____
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<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: 0.099	TEST 2: 0.099	TEST 3: 0.099
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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: 1
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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 JONATHAN B MAY
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TYPE II PERMIT NUMBER 200040	EXPIRATION DATE 01/07/2022	TELEPHONE NUMBER
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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



Airgas USA, L.P.
1500 Bernard Drive
St. Louis, MO 63103
Ph: (314) 939-1100
Fax: (314) 550-7100

Certificate of Analysis

Customer Name
Customer Address
Customer City
Customer State
Customer Zip

Test Date: 08/11/10

Lot # AG931104 Model 108cadd

Kit Date
10/1/10

Cyl. Type
103

Component
Ethanol
Nitrogen

Certified Concentration
0.100 ± 0.0005 g/100 ml
Balance

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>
EB0010564	393.1 ppm	EB0010503	393.0 ppm
EB0010570	259.8 ppm	EB0010559	259.2 ppm
EB0010295	203.0 ppm	EB0010595	203.3 ppm
EB0010581	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.01 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
0450868	800.0 ppm	0053649	390.1 ppm
1234901	253.0 ppm	0058652	100.1 ppm

Physical Method: NDIR

0.100 ± 0.0005 g/100 ml
0.100 ± 0.0005 g/100 ml
0.100 ± 0.0005 g/100 ml
0.100 ± 0.0005 g/100 ml

Approved for Release: _____

Red Marsden
Red Marsden

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

PERMIT
TYPE II

JONATHAN B MAY

Authorized to instruct and supervise operators, train instructors, inspectors, calibrators, and maintainers of breath analyzers:

INTOX DMT

For the testing of the alcoholic content of blood from a sample of expired air from a person using
306.109 RSMo and 306.111 through 306.119 RSMo.

DATE 1/7/2020
NUMBER 200040
EXPIRES 1/7/2022

DIRECTOR OF STATE HEALTH SERVICES

DIRECTOR OF DEPARTMENT OF HEALTH SERVICES

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

INSTRUMENT OPERATOR CARD

Authorized to operate and maintain breath analyzers for the testing of the alcoholic content of blood from a sample of expired air from a person using 306.109 RSMo and 306.111 through 306.119 RSMo.

Operator: JONATHAN B MAY
Permit No: 200040
Date Issued: 1/7/2020 Date Expires: 1/7/2022

