



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 07/07/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 201E Water Street, Greenfield MO 65661		TIME OF INSPECTION 12:51:15

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>07/07/2020 12:51:17</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>47.7°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>
<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: 0.099	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: 0	.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)

DMT SOFTWARE UPDATED

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME JONATHAN B MAY	
TYPE II PERMIT NUMBER 200040	EXPIRATION DATE 01/07/2022	TELEPHONE NUMBER

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



Airgas USA, L.P.
 1500 B...
 St. Louis, Mo. 63102
 Ph (314) 400-8100
 Fax (314) 500-7300

Certificate of Analysis

Product Name
 Lot #
 Model #

Test Date: # 0 0 0 0

Lot # AG931104 Model 108cadd

Qty	Cyl. Type	Component	Certified Concentration
1	103	Ethanol	0.100 ± 2% (BALANCE)
		Nitrogen	Balance

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010551	392.1 ppm	EB0010503	193.0 ppm
EB0010570	259.6 ppm	EB0010559	255.2 ppm
EB0010299	203.0 ppm	EB0010595	208.3 ppm
EB0010581	103.6 ppm	EB0010562	104.2 ppm
EB0010621	52.12 ppm	EB0010579	52.01 ppm

CRM Serial No.	Concentration	CRM Serial No.	Concentration
005363	500.0 ppm	0053649	390.1 ppm
005367	251.0 ppm	0053651	190.2 ppm

Analysis Method: NDIR

Small text block containing technical details or contact information.

Approved for Release: Red Marsala
 Red Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06
 ISO 17034:2015 A2LA accredited. Certificate Number 3082.07

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

PERMIT
TYPE II

JONATHAN B MAY

Permit holder is authorized to install and supervise operators, train instructors, inspect and operate, and
perform analyses on:

INTOX DMT

to determine the alcohol content of blood from a sample of expired air. Permit holder is authorized to
operate under 306.110 RSMo. through 306.119 RSMo.

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

DIRECTOR OF STATE POLICE

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

INSTRUMENT OPERATOR CARD

Permit holder is authorized to operate, inspect and maintain, and
perform analyses on the following instrument:

Operator: JONATHAN B MAY
Instrument No: 315
Date Expires: 1/7/2022

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES