

**RECEIVED**

By Tracy Crews at 8:52 am, Apr 07, 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 <b>500066</b>	NAME OF AGENCY <b>Missouri State Highway Patrol</b>	DATE OF INSPECTION <b>03/28/2020</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>11 West Fourth Street, Grant City, Missouri</b>		TIME OF INSPECTION <b>14:31:48</b>

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"/> <b>DIAGNOSTIC RECORD</b>	
DATE AND TIME <u>03/28/2020 14:31:51</u>	<input checked="" type="checkbox"/> <b>DETECTOR</b>
<input checked="" type="checkbox"/> <b>PROGRAM</b>	<input checked="" type="checkbox"/> <b>FILTER 1</b>
<input checked="" type="checkbox"/> <b>SAMPLE CHAMBER</b> <u>48.7°C</u>	<input checked="" type="checkbox"/> <b>FILTER 2</b>
<input checked="" type="checkbox"/> <b>BREATH TUBE</b> <u>47.2°C</u>	<input checked="" type="checkbox"/> <b>FILTER 3</b>
<input checked="" type="checkbox"/> <b>PUMP</b>	<input checked="" type="checkbox"/> <b>INTERNAL STANDARD</b>

<b>BREATH ANALYZER ACCURACY STANDARDS</b>	
<input type="checkbox"/> <b>SIMULATOR STANDARD</b>	<input checked="" type="checkbox"/> <b>COMPRESSED ETHANOL-GAS MIXTURE</b>

<input checked="" type="checkbox"/> <b>STANDARD SUPPLIER</b> <u>INTOXIMETERS</u>	<b>LOT #</b> <u>AG905203</u>	<b>EXP. DATE</b> <u>02/21/2021</u>
--	------------------------------	------------------------------------

<input type="checkbox"/> <b>SIMULATOR TEMP</b> (34°C ± 0.2°C) _____	<b>SIMULATOR SN</b> _____	<b>SIMULATOR EXP DATE</b> _____
---	---------------------------	---------------------------------

<input checked="" type="checkbox"/> <b>CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b> 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"/> <b>0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</b>	
<input type="checkbox"/> <b>0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</b>	
<input type="checkbox"/> <b>0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</b>	

<b>TEST 1:</b> 0.098	<b>TEST 2:</b> 0.098	<b>TEST 3:</b> 0.099
----------------------	----------------------	----------------------

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

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

<b>REFUSALS:</b> 0	0-04: 0	.05-.09: 0	10-14: 0	.15-.19: 0	<b>OVER .19:</b> 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**

<b>SIGNATURE</b> 	<b>PRINT FULL NAME</b> <b>THOMAS R HECKER</b>
----------------------	--

<b>TYPE II PERMIT NUMBER</b> <b>200113</b>	<b>EXPIRATION DATE</b> <b>03/03/2022</b>	<b>TELEPHONE NUMBER</b> <b>816-387-2345</b>
---	---	--

RETURN COMPLETED REPORT TO THE **Breath Alcohol Program, MO Department of Health and Senior Services**  
**Southeast District Office**  
**2875 James Blyd, Poplar Bluff, MO 63901**



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

Intoximeters, Inc.

2081 Craig Road

St. Louis, Mo 63146

Test Date: 22-Feb-2019

**Lot # AG905203 Model 108cadd**

Exp. Date

21-Feb-2021

Cyl. Type

108

Component

Ethanol

Nitrogen

Certified Concentration

0.100 ± 2% BrAC (260 ppm)

Balance

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

RGM Serial No.

EB0010581

Concentration

392.1 ppm

EB0010570

259.8 ppm

EB0010285

208.0 ppm

EB0010561

103.6 ppm

EB0010681

52.12 ppm

RGM Serial No.

EB0010603

Concentration

393.0 ppm

EB0010559

258.2 ppm

EB0010595

208.3 ppm

EB0010562

104.2 ppm

EB0010579

52.81 ppm

CRM Serial No.

CC434668

Concentration

800.0 ppm

CC234503

253.0 ppm

CRM Serial No.

0056649

Concentration

390.1 ppm

0056662

150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control  
Date: 2019.02.27 13:07:54 -05 00  
Reason: Dry gas standard certification of analysis  
Location: 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