

RECEIVED

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 500073	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 06/18/2020
LOCATION OF INSTRUMENT (STREET AND CITY) Phelps County Jail, 500 W. 2nd Street, Rolla		TIME OF INSPECTION 12:29:12

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>06/18/2020 12:29:15</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

<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) _____	SIMULATOR SN _____ SIMULATOR 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: 0.100	TEST 2: 0.100	TEST 3: 0.100
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 PERFORM R.F.I. TEST

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

REFUSALS: 0	0-.04: 1	.05-.09: 4	.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 JEREMY R MCCURDY
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TYPE II PERMIT NUMBER 290006	EXPIRATION DATE 01/11/2021	TELEPHONE NUMBER 573-368-2345
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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.

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
Interceptors, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 27-Nov-2018

Lot # AG831903 Model 108cadd

Exp. Date
15-Nov-2020

Ord. Type
108

Component
Ethanol
Nitrogen

Certified Concentration
0.100 ± 2% B1AC (260 ppm)
Balance

Certification Traceable to NIST, RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	382.1 ppm	EB0010580	393.0 ppm
EB0010570	288.8 ppm	EB0010588	258.2 ppm
EB0010285	308.0 ppm	EB0010586	208.3 ppm
EB0010581	103.8 ppm	EB0010582	104.2 ppm
EB0010581	52.12 ppm	EB0010579	52.81 ppm

Analytical Method: NDR

Quality approved by Quality Control
Date 2018 11 27 10:02:00 AM
Review: Dry gas received verification of analysis
Location: Airgas USA LLC (LAB)

Approved for Release: _____

Rod Marsala
Rod Marsala

ISO 17025:2005 AZLA accredited. Certificate Number J082.06



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

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PERMIT
TYPE II
JEREMY R MCCURDY

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 1/11/2019
 NUMBER 290006
 EXPIRES 1/11/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

40 2017-01-04

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

INSTRUMENT OPERATOR CARD

This permit authorizes the holder to operate an Intox breath alcohol analyzer for the determination of the alcoholic content in breath for use of law enforcement.

Operator: **MCCURDY, JEREMY**
 Permit No: **290006**
 Date Issued: **01/11/2019** Date Expires: **01/11/2021**