

**RECEIVED**

By Tracy Crews at 1:55 pm, Jul 24, 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>500073</b>	NAME OF AGENCY <b>Missouri State Highway Patrol</b>	DATE OF INSPECTION <b>06/24/2020</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>Phelps County Jail, 500 W. 2nd Street, Rolla</b>		TIME OF INSPECTION <b>16:42:46</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.

 **DIAGNOSTIC RECORD**

DATE AND TIME <u>06/24/2020 16:42:49</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.9°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>46.7°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>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 _____

**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: <b>0.098</b>	TEST 2: <b>0.099</b>	TEST 3: <b>0.099</b>
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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: 0	.05-.09: 0	.10-.14: 0	.15-.19: 0	OVER .19: 0
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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)

Software Update

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME <b>JEREMY R MCCURDY</b>	
TYPE II PERMIT NUMBER <b>290006</b>	EXPIRATION DATE <b>01/11/2021</b>	TELEPHONE NUMBER <b>573-368-2345</b>

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

# 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  
Explosive Supply  
Incorporated, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

Test Date: 27-Nov-2018

Lot # AG831903 Model 108cccd

Exp. Date  
15-Nov-2020

Cal. Time  
108

Component  
Ethanol  
Nitrogen

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

Certification Traceable to N.I.S.T. RG8 Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010571	382.1 ppm	EB0010560	393.0 ppm
EB0010570	288.8 ppm	EB0010569	258.2 ppm
EB0010565	308.8 ppm	EB0010568	208.3 ppm
EB0010581	163.8 ppm	EB0010562	104.2 ppm
EB0010581	62.12 ppm	EB0010579	52.81 ppm

Analytical Method: NDIR

Quality approved by Quality Control  
Date: 2018-11-27 10:02:29 -0500  
Tester: Dry Gas Analytical Certification 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 308.111 through 308.119 RSMo.

DATE 1/11/2019

NUMBER 290006

EXPIRES 1/11/2021

*[Signature]*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

**INSTRUMENT OPERATOR CARD**

This permit authorizes the individual to operate an instrument which is used for the determination of the alcoholic content in breath for the purpose of the Missouri State Police.

Operator: **MCCURDY, JEREMY**  
 Permit #: **290006**  
 Date Issued: **1/11/2019** Date Expires: **1/11/2021**

