



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
 BREATH ALCOHOL PROGRAM  
**INTOX DMT MAINTENANCE REPORT**

**RECEIVED**  
 By Tracy Crews at 10:17 am, Sep 24, 2020

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 09/20/2020
LOCATION OF INSTRUMENT (STREET AND CITY) Phelps County Jail, 500 W. 2nd Street, Rolla		TIME OF INSPECTION 00:57:44

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>09/20/2020 00:57:46</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>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**

SIMULATOR STANDARD       COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS      LOT # AG831903      EXP. DATE 11/15/2020

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: 0.099      TEST 2: 0.099      TEST 3: 0.099

**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: 1	.10-.14: 0	.15-.19: 1	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)

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**INSPECTING OFFICER**

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

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)  
3000 Barnard Street  
St. Louis, Mo 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7329

## Certificate of Analysis

Customer Name  
Equipment Supplier  
Ingersoll Rand, Inc.  
2001 Craig Road  
St. Louis, Mo 63146

Test Date: 27-Nov-2010

Lot # AG831903 Model 108scsd

Exp. Date  
5/31/2012

Gas Type  
108

Component  
Ethanol  
Nitrogen

Certified Concentration  
0.100 ± 2% BxAC (200 ppm)  
Balance

Concentration Traceable to NIST, FOS Ethanol Standards:

Serial No.  
C00010001  
C00010002  
C00010003  
C00010004  
C00010005

Concentration  
200.1 ppm  
200.0 ppm  
200.0 ppm  
100.0 ppm  
50.12 ppm

Serial No.  
C00010001  
C00010002  
C00010003  
C00010004  
C00010005

Concentration  
200.0 ppm  
200.0 ppm  
200.0 ppm  
100.0 ppm  
50.01 ppm

Analytical Method: NDIR

Quality Control  
This is a copy of the original certificate of analysis  
issued by the laboratory of Airgas USA LLC.

Approved for Release:

*Rod Marsala*  
Rod Marsala

ISO 17025:2005 ASLA accredited. Certificate Number J002.06



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



**PERMIT**  
**TYPE II**

**JEREMY R MCCURDY**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repair 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: 10/17/89  
 NUMBER: 28806  
 EXPIRES: 1/17/91

*[Signature]*  
 DIRECTOR OF 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**

Operator: JEREMY R. MCCURDY  
 Permit No: 28806 State Expires: 1/17/91

**INSTRUMENT OPERATOR**