



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

RECEIVED
 By Tracy Crews at 8:24 am, Oct 23, 2020

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 10/19/2020
LOCATION OF INSTRUMENT (STREET AND CITY) Phelps County Jail, 500 W. 2nd Street, Rolla		TIME OF INSPECTION 19:02:16

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>10/19/2020 19:02:18</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>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: 0.098 TEST 2: 0.098 TEST 3: 0.098

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: 2 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)

INSPECTING OFFICER

SIGNATURE <i>TRACY CREWS</i>	PRINT FULL NAME JEREMY R 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 (LA 8)
3020 General Street
St Louis, Mo 63103
Ph: (314) 523-3100
Fax: (314) 523-7309

Certificate of Analysis

Test Date: 27-Nov-2018

Customer Name:
Customer Supplier:
Instruments, Inc.
2231 Gandy Road
St Louis, Mo 63146

Lot # AG831903 Model 100cccd

Exp. Date:
5-Jan-2020

Cal. Year:
108

Component:
Oxygen
Nitrogen

Certified Concentration:
0.100 ± 2% SHAC (280 ppm)
Balance

Conformances Traceable to NIST, NIST National Standards:

Sample No.	Concentration	Batch No.	Concentration
00000001	200.1 ppm	00000001	202.0 ppm
00000002	200.0 ppm	00000002	200.7 ppm
00000003	200.0 ppm	00000003	200.3 ppm
00000004	100.0 ppm	00000004	100.3 ppm
00000005	01.12 ppm	00000005	01.01 ppm

Analysis Method: MDU

Traceable to NIST
NIST National Standards
NIST National Standards
NIST National Standards

Approved for Release:

Rod Marsala
Rod Marsala

ISO 17025:2005 ABLA accredited. Certificate Number 3092.05



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, report, calibrate, perform field services and maintain the following breath analyzer(s):

INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permits issued under the provisions of sections 577.024 through 577.041, RSMo and 308.111 through 308.119 RSMo.

DATE: 10/1/2019

NUMBER: 128004

EXPIRES: 12/31/2021

[Signature]
DIRECTOR OF PUBLIC HEALTH MEDICAL

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

DEPARTMENT OPERATOR CARD

Operator: JEREMY R MCCURDY
Permit No: 128004
Date Issued: 10/1/2019

EXPIRES 12/31/2021