



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 500076	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 03/19/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 300 E. Water St. Mount Vernon	TIME OF INSPECTION 08:36:57
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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 RECORDDATE AND TIME 03/19/2020 08:36:59 DETECTOR PROGRAM FILTER 1 SAMPLE CHAMBER 48.8°C FILTER 2 BREATH TUBE 45.7°C FILTER 3 PUMP INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

 SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE STANDARD SUPPLIER INTOXIMETERS LOT # AG815503 EXP. DATE 06/04/2020 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: 0.099

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: 6

.05-.09: 0

.10-.14: 1

.15-.19: 1

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 	PRINT FULL NAME JONATHAN B MAY
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TYPE II PERMIT NUMBER 20040	EXPIRATION DATE 01/07/2022	TELEPHONE NUMBER
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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 USA LLC (L98)
 3500 Bernard Street
 St Louis, Mo 63103
 Ph (314) 530-3100
 Fax (314) 530-7138

Certificate of Analysis

Customer Name
 Airgas Supplier
 Airgas Inc
 2081 Craig Road
 St Louis, Mo 63146

Test Date: 9-Jun-2018

Lot # AG815503 Model 108cacc

Exp. Date
 2-28-2020

Cyl. Type
 108

Component
 Ethanol
 Nitrogen

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

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

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010583	352.5 ppm
EB0010570	259.8 ppm	EB0010539	259.9 ppm
EB0010585	209.0 ppm	EB0010585	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010581	52.22 ppm	EB0010579	52.94 ppm

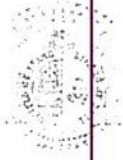
Analytical Method: NDIR

Quality signed by Quality Control
 Date: 2018 06 09 14:55:51 -05 00
 Version: Dry gas standard Certification of analysis
 Location: Airgas USA LLC (L98)

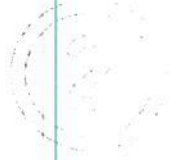
Approved for Release:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06



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



PERMIT
TYPE II
JONATHAN B MAY

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 577.026 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 1/7/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200040

EXPIRES 1/7/2022

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator MAY, JONATHAN
Permit No 200040
Date Issued 1/7/2020 Date Expires 1/7/2022