



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 05/19/2020
------------------------	---	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 300 E. Water St., Mount Vernon	TIME OF INSPECTION 23:25:54
--	--------------------------------

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>05/19/2020 23:25:57</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>44.8°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>AG815503</u> EXP. DATE <u>06/04/2020</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: 0.099	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: 0	.10-.14: 1	.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 	PRINT FULL NAME JONATHAN B MAY	
TYPE II PERMIT NUMBER 200040	EXPIRATION DATE 01/07/2022	TELEPHONE NUMBER

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  
 3500 Bernard Drive  
 St Louis, Mo 63103  
 Ph (314) 520-1000  
 Fax (314) 520-1000

**Certificate of Analysis**

Customer Name  
 Supplier  
 Airgas Inc  
 2000 W. 11th Street  
 St. Louis, Mo 63145

Test Date: 10/27/2011

Lot # AG815503 Model 108cadd

Model No.  
 108

Cyl. Type  
 108

Component  
 Ethanol  
 Nitrogen

Certified Concentration  
 0.100 ± 2% (M/C) (240) (200)  
 Balance

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

Serial No.	Concentration	Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	382.5 ppm
EB0010570	269.8 ppm	EB0010639	155.9 ppm
EB0010585	209.0 ppm	EB0010585	70.8 ppm
EB0010584	103.7 ppm	EB0010582	104.9 ppm
EB0010583	52.22 ppm	EB0010579	20.94 ppm

Analytical Method: NDIR

Quality Control by Quality Control  
 Date: 10/28/2011 09:00:00  
 Location: On gas standard concentration analysis  
 Location: Airgas USA LLC (240)

Approved for Release:

*Rod Manville*  
 Rod Manville

ISO 17025:2005 A2LA accredited. Certificate Number 3082.01

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

**PERMIT**  
**TYPE II**

**JONATHAN B MAY**

Authorized to instruct and supervise operators, train instructors, inspect, calibrate, and maintain (and repair) Intoximetric breath analyzer(s):

**INTOX DMT**

For the determination of the alcoholic content of blood from a sample of expired air. Permit issued under authority of Sections 201.11, RSMo and 306.111 through 306.119 RSMo.

DATE 1/7/2020  
NUMBER 200040  
EXPIRES 1/7/2022

JAMES B. COOPER  
DIRECTOR OF STATISTICS

*[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 instrument operator is authorized to operate an electronic breath alcohol instrument for the determination of the alcoholic content of an expired air sample.

Operator: JAY JONATHAN  
Permit No: 200040  
Date Issued: 1/7/2020 Date Expires: 1/7/2022

