



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

**RECEIVED**

By Tracy Crews at 8:23 am, Nov 03, 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 <b>500093</b>	NAME OF AGENCY <b>Missouri State Highway Patrol</b>	DATE OF INSPECTION <b>10/29/2020</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>17201 Paradesian, Smithville, MO</b>		TIME OF INSPECTION <b>17:40:27</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.

<input checked="" type="checkbox"/> <b>DIAGNOSTIC RECORD</b>	
DATE AND TIME <u>10/29/2020 17:40:29</u>	<input checked="" type="checkbox"/> <b>DETECTOR</b>
<input checked="" type="checkbox"/> <b>PROGRAM</b>	<input checked="" type="checkbox"/> <b>FILTER 1</b>
<input checked="" type="checkbox"/> <b>SAMPLE CHAMBER</b> <u>48.7°C</u>	<input checked="" type="checkbox"/> <b>FILTER 2</b>
<input checked="" type="checkbox"/> <b>BREATH TUBE</b> <u>39.7°C</u>	<input checked="" type="checkbox"/> <b>FILTER 3</b>
<input checked="" type="checkbox"/> <b>PUMP</b>	<input checked="" type="checkbox"/> <b>INTERNAL STANDARD</b>

<b>BREATH ANALYZER ACCURACY STANDARDS</b>	
<input type="checkbox"/> <b>SIMULATOR STANDARD</b>	<input checked="" type="checkbox"/> <b>COMPRESSED ETHANOL-GAS MIXTURE</b>

<input checked="" type="checkbox"/> <b>STANDARD SUPPLIER</b> <u>INTOXIMETERS</u>	LOT # <u>AG831903</u>	EXP. DATE <u>11/15/2020</u>
<input type="checkbox"/> <b>SIMULATOR TEMP</b> (34°C ± 0.2°C) _____	SIM. SN _____	SIM. NIST EXP DATE _____

<input checked="" type="checkbox"/> <b>CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b> 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.		
<input checked="" type="checkbox"/> <b>0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</b>		
<input type="checkbox"/> <b>0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</b>		
<input type="checkbox"/> <b>0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</b>		

TEST 1: <b>0.099</b>	TEST 2: <b>0.099</b>	TEST 3: <b>0.099</b>
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<input checked="" type="checkbox"/> <b>PERFORM R.F.I. TEST</b>
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<b>INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:</b>						
REFUSALS: <b>0</b>	0-.04: <b>0</b>	.05-.09: <b>0</b>	.10-.14: <b>0</b>	.15-.19: <b>1</b>	OVER .19: <b>0</b>	

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)
November 2020 maintenance

<b>INSPECTING OFFICER</b>		
SIGNATURE 	PRINT FULL NAME <b>CASEY O TUBBS</b>	
TYPE II PERMIT NUMBER <b>290240</b>	EXPIRATION DATE <b>10/03/2021</b>	TELEPHONE NUMBER <b>816-622-0800</b>

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

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Missouri State Highway Patrol  
INTOX dmt: 500093  
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Date: 10/29/2020  
Time: 18:20:43

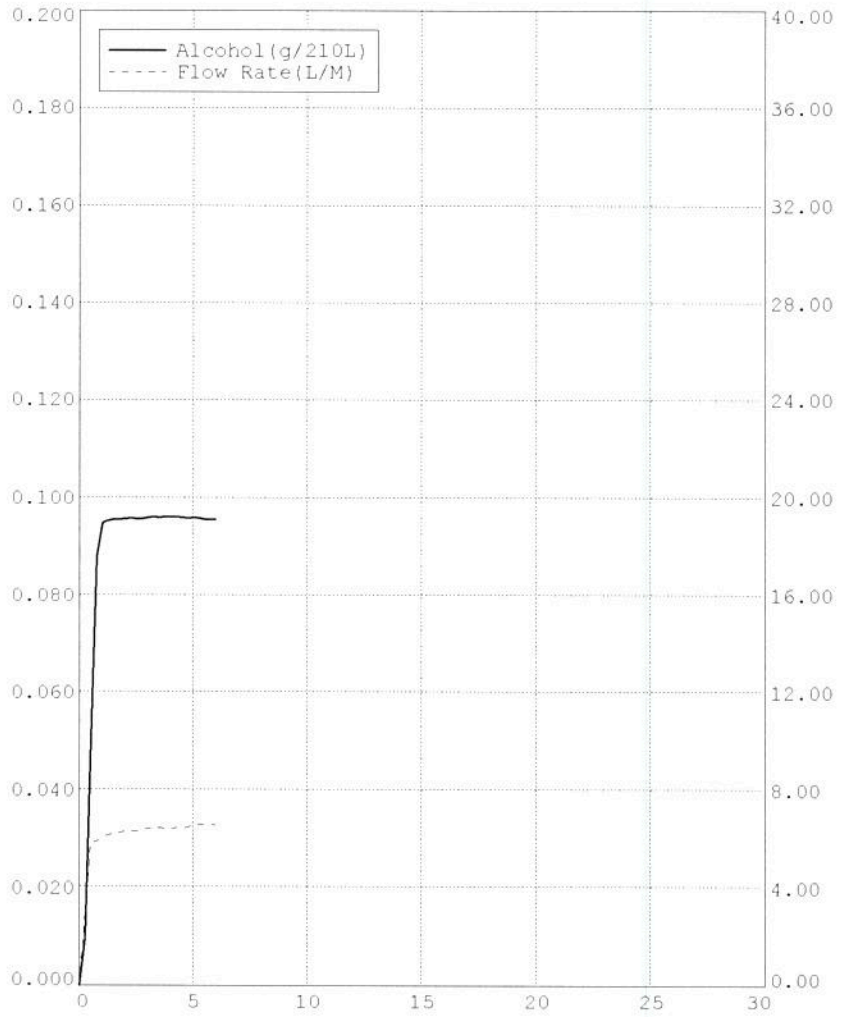
OPERATOR NAME:  
CASEY O TUBBS  
PERMIT NUMBER: 290240  
EXPIRATION DATE: 10/03/2021

LOT #: AG004403  
SUPPLIER: INTOXIMETERS  
EXPIRATION: 02/13/2022  
SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION  
CONCENTRATION: 0.100  
TARGET: 0.097

BLANK TEST	0.000	18:21
INTERNAL STANDARD	VERIFIED	18:21
EXTERNAL STANDARD	0.097	18:22
BLANK TEST	0.000	18:22

Average = 0.0970  
Std Dev = 0.0000  
Spread = 0.0000



*Casey O Tubbs*



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 STATE PUBLIC HEALTH LABORATORY  
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INTOX DMT SN <b>500093</b>	NAME OF AGENCY <b>Missouri State Highway Patrol</b>	DATE OF INSPECTION <b>10/29/2020</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>17201 Paradesian, Smithville, MO</b>		TIME OF INSPECTION <b>18:25:03</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.

<input checked="" type="checkbox"/> DIAGNOSTIC RECORD	
DATE AND TIME <u>10/29/2020 18:25:05</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>40.4°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>AG004403</u>	EXP. DATE <u>02/13/2022</u>
<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN _____	SIM. NIST EXP DATE _____

<input checked="" type="checkbox"/> 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.	
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<input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1: 0.100	TEST 2: 0.100	TEST 3: 0.099
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST
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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

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)

November maintenance #500093

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME <b>CASEY O TUBBS</b>
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TYPE II PERMIT NUMBER <b>290240</b>	EXPIRATION DATE <b>10/03/2021</b>	TELEPHONE NUMBER <b>816-622-0800</b>
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RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email



Airgas USA LLC (LAB)  
3500 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7328

## Certificate of Analysis

**Customer Name**  
Exclusive Supplier  
Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

**Test Date:** 17-Feb-2020

**Lot #** AG004403 **Model** 108cacd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
13-Feb-2022	108	Ethanol Nitrogen	0.100 ± 2% BrAC (260 ppm) Balance

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

<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

**Analytical Method:** NDIR

Digitally signed by Quality Control  
Date: 2020.02.18 10:32:01 -06:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06  
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07