

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

By Stephen Wilson at 9:43 am, May 12, 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 wherever the instrument is serviced or repaired and whenever its placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS. INTEGEORY 31. DATE OF THE PROGRAM DESTRUCTION DESTru					
S00116 Missouri State Highway Patrol 05/04/2020 (CAZAROR DERINANDE STREAM CORP) Daviess-Dekalb Regional Jail, Patronsburg, MO CHECKLIST. Place a mark in the box by each item if found to be satisfactory or its operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument. ☑ DIAGNOSTIC RECORD DATE AND TIME 05/04/2020 20:40:29 ☑ DETECTOR ☑ PROGRAM ☑ FILTER 1 ☑ SAMPLE CHAMBER 48.7°C ☑ FILTER 2 ☑ BREATH TUBE 45.8°C ☑ FILTER 3 ☑ PUMP ☑ INTERNAL STANDARD ■ SIMULATOR STANDARD ☑ COMPRESSED ETHANOL-GAS MIXTURE ☑ STANDARD SUPPLIER INTOXIMETERS LOT # AG815503 EXP. DATE 06/04/2020 ☐ SIMULATOR STANDARD SUPPLIER INTOXIMETERS LOT # AG815503 EXP. DATE 06/04/2020 ☐ SIMULATOR STANDARD SUPPLIER INTOXIMETERS LOT # BOX STANDARD SUPPLIER SUP	Complete this report whenever the instrument is se	erviced or repaired and w	henever it is place	• •	
Daviess-Dekalb Regional Jail, Pattonsburg, MO 20.40:26 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 from must be corrected before using instrument. ☑ DIAGNOSTIC RECORD □ ATT AND TIME 05:04/2020 20:40:29 □ PROGRAM □ FILTER 1 □ SAMPLE CHAMBER 48.7°C □ FILTER 2 □ BREATH TUBE 45.8°C □ FILTER 3 □ PUMP □ INTERNAL STANDARD □ SIMULATOR STANDARD INTO SIMULATOR SN □ SIMULATOR TEMP (34°C ± 0.2°C) □ SIMULATOR TEMP (34°C ± 0.2°C) □ SIMULATOR STANDARD INTO SEE USED PER MAINTENANCE REPORT) □ CALIBRATION CHECK (ONLY ONLE STANDARD IS TO SEE USED PER MAINTENANCE REPORT) □ COMPRESSED STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE □ 0.09% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE □ 0.09% STANDARD - MUST READ BETWEEN 0.095% AND 0.042% INCLUSIVE □ 0.09% STANDARD - MUST READ BETWEEN 0.039% AND 0.042% INCLUSIVE □ 0.09% STANDARD - MUST READ BETWEEN 0.039% AND 0.042% INCLUSIVE □ 0.098 STANDARD - MUST READ BETWEEN 0.039% AND 0.042% INCLUSIVE □ 0.098 STANDARD - MUST READ BETWEEN 0.039% AND 0.042% INCLUSIVE □ 0.098 STANDARD - MUST READ BETWEEN 0.039% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.039% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.039% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.039% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.039% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.039% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.039% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.039% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.039% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.039% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.039% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.039% AND 0.042% INCL		Highway Patrol			
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DATE AND TIME 05/04/2020 20:40:29 DATE AND TIME 05/04/2020 20:40:29 DEFECTOR DEFECT	CHECKLIST: Place a mark in the box by each iter values where determined). Unmarked items must be	m if found to be satisfact be corrected before using	ory or is operating g instrument.	within established limits. (\	Write in observed
© PROGRAM © FILTER 1 © SAMPLE CHAMBER 48.7°C © FILTER 2 © BREATH TUBE 45.8°C © FILTER 3 © PUMP © INTERNAL STANDARD BREATH ANALYZER ACCURACY STANDARDS □ SIMULATOR STANDARD © COMPRESSED ETHANOL-GAS MIXTURE © STANDARD SUPPLIER INTOXIMETERS □ SIMULATOR TEMP (34°C±02°C) □ SIMULATOR TEMP (34°C±02°C) □ SIMULATOR SN □ SIMULATOR EXP DATE © CALIBRATION CHECK- (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run these tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Main the box corresponding to the standard being used © 0.09% STANDARD - MUST READ BETWEEN 0.076% AND 0.05% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.076% AND 0.042% INCLUSIVE TEST 1: 0.098 © PERFORM R.F.I. TEST INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS: 0 0.04% STANDARD - MUST READ BETWEEN 0.095% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.095% AND 0.042% INCLUSIVE 105-09-09-09-09-09-09-09-09-09-09-09-09-09-	☑ DIAGNOSTIC RECORD				
SAMPLE CHAMBER 48.7°C	DATE AND TIME <u>05/04/2020 20:40:29</u>	X	DETECTOR		
BREATH TUBE_45.8°C	☑ PROGRAM	X	FILTER 1		
PUMP	☑ SAMPLE CHAMBER 48.7°C	🗵	FILTER 2		
BREATH ANALYZER ACCURACY STANDARDS □ SIMULATOR STANDARD □ STANDARD SUPPLIER INTOXIMETERS LOT # AG815503 EXP. DATE _06/04/2020 □ SIMULATOR TEMP (34°C ± 0.2°C) □ SIMULATOR SN SIMULATOR SN SIMULATOR EXP DATE □ O6/04/2020 □ SIMULATOR TEMP (34°C ± 0.2°C) □ SIMULATOR SN SIMULATOR EXP DATE □ O6/04/2020 □ SIMULATOR SN SIMULATOR EXP DATE □ 05/05 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 0.075% AND 0.084% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE TEST 1: 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 -0.4: 0 0 -0.4: 0 0 509: 1 1014: 1 1519: 1 OVER .19: 1 USTAN NEW PARTS AND DESCREE ANY ALTERATION OR NODIFICATION 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 MATTHEW W NEELY TIPLE I PERMIT HYMPER SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) PRINT FULL NAME MATTHEW W NEELY TIPLE I PERMIT HYMPER SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) PRINT FULL NAME MATTHEW W NEELY TIPLE I PERMIT HYMPER SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) PRINT FULL NAME MATTHEW W NEELY TIPLE I PERMIT HYMPER SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) PRINT FULL NAME MATTHEW W NEELY TIPLE I PERMIT HYMPER SATISFACTORILY AND WITHIN ESTABLISHED HYMPER SATISFACTORILY AND WITHIN ESTABLI	☑ BREATH TUBE 45.8°C	X	FILTER 3		
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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					
MO 500 2009 /2 42) AN FOLIAL OPPOPULATIVE ACTION EMPLOYED	RETURN COMPLETED REPORT TO THE BI	reath Alcohol Program, Noutheast District Office	MO Department o		es



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: 4-Jun-2018

Lot # AG815503 Model 108cacd

Exp. Date 4-Jun-2020

Cyl. Type

Component

Ethanol Nitrogen Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Balance

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

Serial No. Concentration EB0010581 391.8 ppm EB0010570 259.8 ppm EB0010285 209.0 ppm EB0010561 103.7 ppm EB0010681 52.22 ppm

Serial No. EB0010603 EB0010559 EB0010595 EB0010562

EB0010579

Concentration 392.5 ppm 258.9 ppm 208.9 ppm 104.9 ppm

52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2018.06.06 14:55:51-05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

PERMIT

MATTHEW NEELY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and r INTOX DMT for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of se 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo. DATE 9/19/2019

NUMBER 290209

EXPIRES 9/19/2021_

MO 580-0771 (6-10)



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 autholized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air Operator NEELY, MATHTHEW

Permit No 290209 Date Issued 9/19/2019

Date Expires 9/19/2021





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

INTOX DMT MAINTENANCE REPORT

REPORT #1

INTOX DIVIT MAINTENANC	LIKEFORT			
Complete this report at the time of the regular mor Complete this report whenever the instrument is s Retain the original and send a copy within 15 days	erviced or repaired and wh	enever it is placed ir		
INTOX DMT SN S00157 NAME OF AGENCY Missouri State	Highway Patrol		DATE OF INSPECTION 05/01/2020	
LOCATION OF INSTRUMENT (STREET AND CITY) 280 West Main, Kingston, Missouri 64650		· · · · · · · · · · · · · · · · · · ·	23:37:11	
CHECKLIST: Place a mark in the box by each ite values where determined). Unmarked items must	m if found to be satisfactor be corrected before using	y or is operating wit instrument.	hin established limits. (W	rite in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME 05/01/2020 23:37:13		DETECTOR		
☑ PROGRAM		FILTER 1		
☑ SAMPLE CHAMBER 48.7°C		FILTER 2		
☑ BREATH TUBE 48.1°C		FILTER 3		
☑ PUMP		INTERNAL STAND	ARD	
BREATH ANALYZER ACCURACY STANDAR	DS			
☐ SIMULATOR STANDARD		COMPRESSED ET	THANOL-GAS MIXTURE	
	LOT#_AC	8831903	EXP. DATE 11	/15/2020
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIMULATOR	R SN	SIMULATOR EXP DAT	E
 □ CALIBRATION CHECK - (ONLY ONE STA Run three tests using a standard. All three test of .005 or less. Mark the box corresponding □ 0.10% STANDARD - MUST READ E □ 0.08% STANDARD - MUST READ E □ 0.04% STANDARD - MUST READ E 	to the standard being used BETWEEN 0.095% AND 0 BETWEEN 0.076% AND 0	.105% INCLUSIVE .084% INCLUSIVE	nd must nave a spread	
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INSPECTING OFFICER SIGNATURE		RINT FULL NAME ANDREW A HEN TELEPHONE NU		
TYPE II PERMIT NUMBER 200034	EXPIRATION DATE 01/07/2022	816-387-	2345	
S	Breath Alcohol Program, Mo Southeast District Office 875 James Blvd, Poplar Bl	-	ealth and Senior Services	



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: 27-Nov-2018

Lot # AG831903 Model 108cacd

Exp. Date 15-Nov-2020 Cyl. Type 108 Component Ethanol Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Nitrogen

Balance

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

Serial No.	Concentration	Serial No.	Concentration
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

Analytical Method:

NDIR

Digitally signed by Quality Control Date 2018 11 27 10 10 26 -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



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

ANDREW A HENRY

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 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 1/7/2020	want		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 200034			
EXPIRES 1/7/2022	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES		

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 HENRY, ANDREW Permit No 200034

Date Issued 1/7/2020 Date Expires 1/7/2022





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

INTOX DMT MAINTENANCE REPORT

REPORT #1

hway Patrol	05/04/2020	
	TIME OF INSPECTION 19:51:46	
found to be satisfactory or is operatiorrected before using instrument.	ng within established limits. (W	rite in observed
□ DETECTOR		
☐ FILTER 1		
☑ FILTER 2		
☑ FILTER 3		
	TANDARD	
□ COMPRESS	ED ETHANOL-GAS MIXTURE	
LOT# AG905203	EXP. DATE <u>02</u>	/21/2021
SIMULATOR SN	SIMULATOR EXP DAT	E
e standard being used. VEEN 0.095% AND 0.105% INCLU VEEN 0.076% AND 0.084% INCLU	ISIVE	
T 2: 0.099	TEST 3: 0.099	
THE FOLLOWING RANGES SIN	ICE THE LAST MAINTENAN	CE REPORT:
.09: 0 .1014: 0	.1519: 1	OVER .19: 0
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09/19/2021 816 h Alcohol Program, MO Department neast District Office	-387-2345 of Health and Senior Services	
	ed or repaired and whenever it is place he Breath Alcohol Program, DHSS. Inhway Patrol DETECTOR DETECTOR FILTER 1 FILTER 2 FILTER 3 INTERNAL S INTERNAL S SIMULATOR SN ARD IS TO BE USED PER MAINT lust be within ±5% of the standard vice standard being used. VEEN 0.076% AND 0.105% INCLUIVEEN 0.076% AND 0.084% INCLUIVEEN 0.038% AND 0.042% INCLUIT 2: 0.099 THE FOLLOWING RANGES SIN 09: 0 1014: 0 ON THAT WAS MADE TO RESTORE THE INSTRUITED IN TELEPH DEXPIRATION DATE ON THAT WAS MADE TO RESTORE THE INSTRUITED IN TELEPH ON THE WAS MADE TO RESTORE THE INSTRUI	Inway Patrol DATE OF INSPECTION 05/04/2020 TIME OF INSPECTION 19:51:46



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: 22-Feb-2019

Lot # AG905203 Model 108cacd

Exp. Date 21-Feb-2021

Cyl. Type 108

Component Ethanol Nitrogen

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Balance

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

RGM Serial No.	Concentration 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm	RGM Serial No.	Concentration
EB0010581		EB0010603	393.0 ppm
EB0010570		EB0010559	258.2 ppm
EB0010285		EB0010595	208.3 ppm
EB0010561		EB0010562	104.2 ppm
EB0010681		EB0010579	52.81 ppm
<u>CRM Serial No.</u>	Concentration	<u>CRM Serial No.</u>	Concentration
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: 2019.02.27 13:07:54 -06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Norl Marsala

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



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



LAB-4 (B3.10

PERMIT TYPE II

MATTHEW NEELY

is hereby authorized to instruct and supervise opera and operate the following breath analyzer(s):	ors, train instructors, inspect, calibrate, perform field service and repair
IŅ	NTOX DMT
for the determination of the alcoholic content of blood 577.020 through 577.041, RSMo and 306.111 through	The state of the s
DATE 9/19/2019	wans
NUMBER 290209	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 9/19/2021	for Ulle
MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

