



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 500129 | NAME OF AGENCY Missouri State Highway Patrol | DATE OF INSPECTION 11/30/2020 |
|-------------------------------|--|---|

| | |
|--|---------------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 204 S. Poplar St, Buffalo, MO 65622 | TIME OF INSPECTION 17:32:10 |
|--|---------------------------------------|

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>11/30/2020 17:32:12</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>47.5°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>AG931605</u> | EXP. DATE <u>11/12/2021</u> |
|--|------------------------------|------------------------------------|

| | | |
|---|----------------------|---------------------------------|
| <input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____ | SIM. SN _____ | SIM. NIST EXP DATE _____ |
|---|----------------------|---------------------------------|

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| <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. |
| <input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE |
| <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: 0.099 | TEST 2: 0.099 | TEST 3: 0.099 |
|----------------------|----------------------|----------------------|

| |
|--|
| <input checked="" type="checkbox"/> 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: 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 <i>TPR M.D. Murrill</i> | PRINT FULL NAME MICHAEL D MURRILL |
|--------------------------------------|---|

| | | |
|--|--------------------------------------|---|
| TYPE II PERMIT NUMBER 290286 | EXPIRATION DATE 12/11/2021 | TELEPHONE NUMBER 417-895-6868 |
|--|--------------------------------------|---|

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: 12-Nov-2019

Lot # AG931605 . Model 108cacc

| | | | |
|---------------------------------|-------------------------|---|--|
| Exp. Date 12-Nov-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:

| <u>RGM Serial No.</u> | <u>Concentration</u> |
|-----------------------|----------------------|
| EB0010581 | 392.1 ppm |
| EB0010570 | 259.8 ppm |
| EB0010285 | 208.0 ppm |
| EB0010561 | 103.6 ppm |
| EB0010681 | 52.12 ppm |

| <u>RGM Serial No.</u> | <u>Concentration</u> |
|-----------------------|----------------------|
| EB0010603 | 393.0 ppm |
| EB0010559 | 258.2 ppm |
| EB0010595 | 208.3 ppm |
| EB0010562 | 104.2 ppm |
| EB0010579 | 52.81 ppm |

| <u>CRM Serial No.</u> | <u>Concentration</u> |
|-----------------------|----------------------|
| CC434668 | 800.0 ppm |
| CC234503 | 253.0 ppm |

| <u>CRM Serial No.</u> | <u>Concentration</u> |
|-----------------------|----------------------|
| 0056649 | 390.1 ppm |
| 0056662 | 150.2 ppm |

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2018.11.13 10:27:30 -06:00
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

 Rod 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

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**PERMIT
TYPE II**

MICHAEL D MURRILL

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and re 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 sec 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 12/11/2019

NUMBER 290286

EXPIRES 12/11/2021

MO 580-0771 (5-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (F)

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 **MURRILL, MICHAEL**
Permit No **290286**
Date Issued **12/11/2019** Date Expires **12/11/2021**