



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

RECEIVED

By Tracy Crews at 2:01 pm, Jan 07, 2020

INTOX DMT MAINTENANCE REPORT

REPORT #

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 500179	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 01/03/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 209 SE 2nd Ave., Ava, MO 65608		TIME OF INSPECTION 20:24:24

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>01/03/2020 20:24:26</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>44.0°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 _____

<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
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<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: 7	.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)

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME D J JOHNSON
TYPE II PERMIT NUMBER 280229	TELEPHONE NUMBER 417-469-3121
EXPIRATION DATE 08/08/2020	

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

Airgas USA LLC (LAE)
3500 Bernard Street
St. Louis, Mo. 63103
PH (314) 533-3100
Fax (314) 533-7325

Certificate of Analysis

Customer Name
Exclusive Supplier
Inoximeters, Inc.
2051 Craig Road
St Louis Mo 63146

Test Date: 4-Jun-2013

Lot # AG815503 Model 108cacc

Exp. Date
4-Jun-2020

Cyl. Type
108

Component
Ethanol
Nitrogen

Certified Concentration
0.100 ± 2% BrAC (200 ppm)
Balance

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

<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm
EB0010570	259.8 ppm
EB0010285	209.0 ppm
EB0010561	103.7 ppm
EB0010581	52.22 ppm

<u>Serial No.</u>	<u>Concentration</u>
EB0010603	392.5 ppm
EB0010559	258.9 ppm
EB0010595	208.9 ppm
EB0010562	104.9 ppm
EB0010578	52.94 ppm

Analytical Method: NDIR

Operational by Quality Control
Date: 06/04/13 14:55:01
Flow: Dry gas standard concentration of one per
Volume: Airgas USA LLC (LAE)

Approved for Release: _____

Rod Marsala
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.66



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

**PERMIT
TYPE II**

DANIEL JOHNSON

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

DATE 8/8/2018
NUMBER 280229
EXPIRES 8/8/2020

MO 580-0771 (5-10)

[Signature]

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]

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 **JOHNSON, DANIEL**
Permit No **280229**
Date Issued **8/8/2018** Date Expires **8/8/2020**