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By Tracy Crews at 8:18 am, Feb 07, 2020



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 500179	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 02/04/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 209 SE 2nd Ave., Ava, MO 65608		TIME OF INSPECTION 19:02:32

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>02/04/2020 19:02:34</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>43.9°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS LOT # AG815503 EXP. DATE 06/04/2020

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:

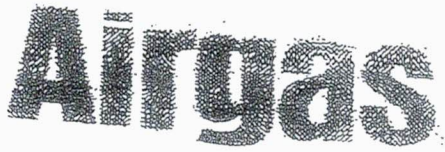
REFUSALS: 0	0-.04: 0	.05-.09: 0	.10-.14: 3	.15-.19: 0	OVER .19: 0
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)

INSPECTING OFFICER

SIGNATURE <i>D J Johnson</i>	PRINT FULL NAME D J JOHNSON	
TYPE II PERMIT NUMBER 280229	EXPIRATION DATE 08/08/2020	TELEPHONE NUMBER 417-469-3121

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 (LAB)
 3500 Camino Street
 St. Louis, Mo. 63103
 PH (314) 522-1100
 FAX (314) 533-7525

Certificate of Analysis

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

Test Date: 4-Jun-2013

Lot # AG815503 Model 108cadd

Exp. Date
 4-Jun-2023

Cyl. Type
 158

Component
 Ethanol
 Nitrogen

Certified Concentration:
 0.100 ± 2% BrAC (200 ppb)
 Balance

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

<u>Serial No.</u>	<u>Concentration</u>
EB0010531	391.8 ppm
EB0010570	259.8 ppm
EB0010285	209.0 ppm
EB0010561	163.7 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	164.9 ppm
EB0010578	52.94 ppm

Analytical Method: NDIR

Approved by: [Signature]
 Date: 06/04/13 14:55:00
 Intoximeters, Inc. 2051 Craig Road
 St. Louis, MO 63146
 Copyright © 2013 Airgas USA LLC

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 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 580-0777 (5-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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