



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

**RECEIVED**  
 By Tracy Crews at 10:01 am, Mar 02, 2020

REPORT #1

**INTOX DMT MAINTENANCE 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 02/24/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 900 Industrial Rd., Ava, MO 65608		TIME OF INSPECTION 15:17:11

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>02/24/2020 15:17:13</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>39.7°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
---	--

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: 0.098      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: 1	.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)

MOVED TO NEW DOUGLAS COUNTY JAIL LOCATION

**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 (LAA)  
3800 Deming Street  
St. Louis, Mo. 63103  
PH (314) 533-1000  
FAX (314) 533-0925

### Certificate of Analysis

Customer Name  
Exclusive Supplier:  
Intoximeters, Inc.  
2251 Craig Road  
St. Louis, Mo. 63146

Test Date: 4-Jun-2018

Lot # AG815503 Model 108cadd

Exp. Date  
4-Jun-2020

Cyl. Type  
108

Component  
Ethanol  
Nitrogen

Certified Concentration  
0.100 ± 2% BWC (250 mg)  
Balance

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

Serial No.	Concentration
EB0010531	391.8 ppm
EB0010570	259.8 ppm
EB0010285	309.0 ppm
EB0010567	163.7 ppm
EB0010561	52.22 ppm

Serial No.	Concentration
EB0010603	392.5 ppm
EB0010559	258.0 ppm
EB0010595	208.6 ppm
EB0010562	104.9 ppm
EB0010578	52.04 ppm

Analytical Method: NDIR

Approved for Release by Quality Control  
Date: 06/04/18 14:50:00  
Employee: 177988 Mandatory Certification of analysis  
Location: Airgas USA LLC MOIST

Approved for Release: Rod Marshall  
Rod Marshall

ISO 17025:2005 A2LA accredited. Certificate Number 3082.66



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

2

**PERMIT**  
**TYPE II**  
**DANIEL JOHNSON**

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 8/8/2018

NUMBER 280229

EXPIRES 8/8/2020

MO 580-0771 (G-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB 4 (R6-10)



**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