



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

**INTOX DMT MAINTENANCE REPORT**

**RECEIVED**  
By Tracy Crews at 9:14 am, Apr 01, 2020

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 03/29/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 900 Industrial Rd., Ava, MO 65608		TIME OF INSPECTION 18:38:45

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>03/29/2020 18:38:47</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>46.7°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: 0.098      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: 1	.05-.09: 0	.10-.14: 1	.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)

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**INSPECTING OFFICER**

SIGNATURE 	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 (LAD)  
 3800 Bernardo Street  
 St. Louis, Mo. 63103  
 PH (314) 533-3100  
 FX (314) 533-7105

## Certificate of Analysis

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

Test Date: 4-Jun-2007

Lot # AG815503 Model 108caed

Exp. Date  
 4-Jun-2023

Cyl. Type  
 156

Component  
 Ethanol  
 Nitrogen

Certified Conc. Method  
 0.100 ± 2% Grav. (250) Grav.  
 Balance

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

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010563	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.0 ppm
EB0010285	209.0 ppm	EB0010595	208.5 ppm
EB0010561	163.7 ppm	EB0010552	164.0 ppm
EB0010581	52.22 ppm	EB0010578	52.04 ppm

Analytical Method: NDIR

Controlled by Quality Control  
 Date: 2016-06-14 14:55:01  
 Location: Any gas storage/production area per  
 Control: Airgas USA LLC (LAD)

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 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

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