

**RECEIVED**

By Tracy Crews at 7:34 am, Apr 17, 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 500192	NAME OF AGENCY NEVADA POLICE DEPARTMENT	DATE OF INSPECTION 04/16/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 120 SOUTH ASH ST, NEVADA, MO 64772		TIME OF INSPECTION 19:15:49

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 04/16/2020 19:15:51 DETECTOR PROGRAM FILTER 1 SAMPLE CHAMBER 48.8°C FILTER 2 BREATH TUBE 45.7°C FILTER 3 PUMP INTERNAL STANDARD**BREATH ANALYZER ACCURACY STANDARDS** SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE STANDARD SUPPLIER INTOX LOT # AG815602 EXP. DATE 06/05/2020 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: 0.079

TEST 2: 0.080

TEST 3: 0.080

 **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)

april maint

**INSPECTING OFFICER**

SIGNATURE

PRINT FULL NAME

JOSHUA R MULLIN

TYPE II PERMIT NUMBER  
290055EXPIRATION DATE  
03/01/2021TELEPHONE NUMBER  
417-448-5100

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 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:** 6-Jun-2018

**Lot #** AG815602 **Model** 108cacd

**Exp. Date**

5-Jun-2020

**Cyl. Type**

108

**Component**

Ethanol  
Nitrogen

**Certified Concentration**

0.080 ± 0.002 BrAC (208 ppm)  
Balance

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

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

**Analytical Method:**

NDIR

Approved for Release:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06