

RECEIVED

By Tracy Crews at 12:58 pm, May 22, 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 500196	NAME OF AGENCY McDonald County Sheriffs Office	DATE OF INSPECTION 05/12/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 300 E. 7th Street, Pineville, Missouri 64856		TIME OF INSPECTION 08:19:29

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>05/12/2020 08 19:31</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>48.1°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>INTOXEMETERS</u>	LOT # <u>AG831804</u> EXP DATE <u>11/04/2020</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 type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input checked="" 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 <u>0.078</u>	TEST 2 <u>0.077</u>	TEST 3 <u>0.077</u>
<input checked="" type="checkbox"/> PERFORM RFI TEST		

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT					
REFUSALS <u>0</u>	<u>0</u> - <u>04</u> <u>0</u>	<u>05</u> - <u>09</u> <u>0</u>	<u>10</u> - <u>14</u> <u>0</u>	<u>15</u> - <u>19</u> <u>0</u>	OVER <u>19</u> <u>0</u>

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 WILLIAM L DAVENPORT		
TYPE II PERMIT NUMBER 280243	EXPIRATION DATE 08/24/2020	TELEPHONE NUMBER 417-223-4319	

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: 14-Nov-2018

Lot # AG831804 **Model** 108cacd

Exp. Date

14-Nov-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	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

Analytical Method:

NDIR

Approved for Release:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06



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



PERMIT
TYPE II
WILLIAM DAVENPORT

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 8/24/2018

NUMBER 280243

EXPIRES 8/24/2020

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 DAVENPORT, WILLIAM
Permit No 280243
Date Issued 8/24/2018 **Date Expires** 8/24/2020

