



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

**RECEIVED**

By Stephen Wilson at 11:25 am, Mar 05, 2020

**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 <b>500199</b>	NAME OF AGENCY <b>State of Missouri</b>	DATE OF INSPECTION <b>02/27/2020</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>1200 S. Holden St. Warrensburg, Mo.</b>		TIME OF INSPECTION <b>18:04:44</b>

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>02/27/2020 18:04:47</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.9°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**

<input type="checkbox"/> SIMULATOR STANDARD	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH</u>	LOT # <u>AG815601</u>	EXP. DATE <u>06/05/2020</u>
<input type="checkbox"/> 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: <b>0.101</b>	TEST 2: <b>0.101</b>	TEST 3: <b>0.101</b>
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**PERFORM R.F.I. TEST**

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:**

REFUSALS: <b>0</b>	0-.04: <b>0</b>	.05-.09: <b>0</b>	.10-.14: <b>1</b>	.15-.19: <b>1</b>	OVER .19: <b>0</b>
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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 <b>STEPHEN L CONNER</b>
TYPE II PERMIT NUMBER <b>208267</b>	EXPIRATION DATE <b>09/05/2020</b>
	TELEPHONE NUMBER <b>417-581-6600</b>

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 63148

**Test Date:** 6-Jun-2018

**Lot # AG815601 Model 108cadd**

<b><u>Exp. Date</u></b> 5-Jun-2020	<b><u>Cyl. Type</u></b> 108	<b><u>Component</u></b> Ethanol Nitrogen	<b><u>Certified Concentration</u></b> 0.100 ± 2% BrAC (260 ppm) Balance
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Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<b><u>Serial No.</u></b>	<b><u>Concentration</u></b>	<b><u>Serial No.</u></b>	<b><u>Concentration</u></b>
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

Digitally signed by Quality Control  
 Date: 2018.06.08 15:13:12 -05:00  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)

Approved for Release: Rod Marsala  
 Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06



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

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**PERMIT  
TYPE II**

**STEPHEN L. CONNER**

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 9/5/2018

NUMBER 280267

EXPIRES 9/5/2020

MO 580-0771 (6-10)

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 **CONNER, STEPHEN**  
Permit No **280267**  
Date Issued **9/5/2018**    Date Expires **9/5/2020**





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

**RECEIVED**  
By Tracy Crews at 4:46 pm, Sep 04, 2018

**APPROVED** *Breath Alcohol Program*  
Department of Health and Senior Services  
By Brian Lutmer at 11:59 am, Sep 05, 2018

**APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS**

THIS APPLICATION IS FOR  
 NEW PERMIT  RENEWAL  
 CURRENT PERMIT NUMBER AND EXPIRATION DATE  
 260288 expires 09/15/2018

PRINT FULL NAME  
 Stephen Louis Conner  
 TITLE  
 Patrolman

DEPARTMENT OR TROOP  
 Ozark Police Department

BUSINESS ADDRESS (STREET CITY STATE ZIP CODE)  
 201 E. Brick Street, Ozark, Missouri 65721

TELEPHONE  
 (417) 581-6600

EMAIL ADDRESS  
 s.conner@ozarkpd.org

A disclosure concerning your SSN number is available at:  
<http://www.health.mo.gov/lab/breathalcohol/>

**LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS**  
 (Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

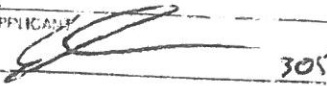
DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A CHECKMARK BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
09/2016	UCMO/MSC	40	Intox DMT Supervisor Course	<input checked="" type="checkbox"/>	Welsh
09/2016	UCMO/MSC	14	Intox DMT	<input checked="" type="checkbox"/>	Welsh
				<input type="checkbox"/>	
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. Intox DMT	2 MR'S OK BML	5 SELF-TESTS OK BML
2.		
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT  DATE 8/30/2018

RETURN COMPLETED APPLICATION TO THE:  
 Breath Alcohol Program, Missouri Department of Health and Senior Services  
 Southeast District Office  
 2875 James Blvd.  
 Poplar Bluff, MO 63901