

**RECEIVED**

By Tracy Crews at 3:17 pm, Apr 24, 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 <b>500200</b>	NAME OF AGENCY <b>Missouri State Highway Patrol</b>	DATE OF INSPECTION <b>04/22/2020</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>1977 Cabin Drive Suite 208, Van Buren, MO</b>		TIME OF INSPECTION <b>09:51:26</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.

<input checked="" type="checkbox"/> <b>DIAGNOSTIC RECORD</b>	
DATE AND TIME <u>04/22/2020 09:51:28</u>	<input checked="" type="checkbox"/> <b>DETECTOR</b>
<input checked="" type="checkbox"/> <b>PROGRAM</b>	<input checked="" type="checkbox"/> <b>FILTER 1</b>
<input checked="" type="checkbox"/> <b>SAMPLE CHAMBER</b> <u>48.7°C</u>	<input checked="" type="checkbox"/> <b>FILTER 2</b>
<input checked="" type="checkbox"/> <b>BREATH TUBE</b> <u>48.1°C</u>	<input checked="" type="checkbox"/> <b>FILTER 3</b>
<input checked="" type="checkbox"/> <b>PUMP</b>	<input checked="" type="checkbox"/> <b>INTERNAL STANDARD</b>

<b>BREATH ANALYZER ACCURACY STANDARDS</b>	
<input type="checkbox"/> <b>SIMULATOR STANDARD</b>	<input checked="" type="checkbox"/> <b>COMPRESSED ETHANOL-GAS MIXTURE</b>

<input checked="" type="checkbox"/> <b>STANDARD SUPPLIER</b> <u>INTOXIMETERS</u>	<b>LOT #</b> <u>AG815503</u>	<b>EXP. DATE</b> <u>06/04/2020</u>
<input type="checkbox"/> <b>SIMULATOR TEMP</b> (34°C ± 0.2°C) _____	<b>SIMULATOR SN</b> _____	<b>SIMULATOR EXP DATE</b> _____

<input checked="" type="checkbox"/> <b>CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b> 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 checked="" type="checkbox"/> <b>0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</b>	
<input type="checkbox"/> <b>0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</b>	
<input type="checkbox"/> <b>0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</b>	

<b>TEST 1:</b> 0.099	<b>TEST 2:</b> 0.099	<b>TEST 3:</b> 0.099
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<input checked="" type="checkbox"/> <b>PERFORM R.F.I. TEST</b>
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

<b>REFUSALS:</b> 0	<b>0-.04:</b> 0	<b>.05-.09:</b> 0	<b>.10-.14:</b> 1	<b>.15-.19:</b> 0	<b>OVER .19:</b> 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)

April Maintenance

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME <b>COREY T MORGAN</b>
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TYPE II PERMIT NUMBER <b>290218</b>	EXPIRATION DATE <b>09/25/2021</b>	TELEPHONE NUMBER <b>417-469-3121</b>
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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

CARTER  
COUNTY  
CC

# Airgas

Airgas USA LLC (LAB)  
3500 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7325

## Certificate of Analysis

Customer Name  
*Exclusive Supplier*  
Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo. 63146

Test Date: 4-Jun-2018

Lot # AG815503 Model 108cadd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
4-Jun-2020	108	Ethanol Nitrogen	0.100 ± 2% Br/AC (260 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
EB0010581	52.22 ppm	EB0010579	52.94 ppm

Analytical Method: NDIR

Digitally signed by Cary Conrod  
Date: 2018.06.08 14:55:51 -0500  
Reason: Dry gas standard certification analysis  
Location: Airgas USA LLC (LAB)

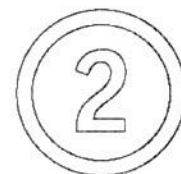
Approved for Release: \_\_\_\_\_

*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



**PERMIT**  
**TYPE II**  
**COREY MORGAN**

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 9/25/2019

NUMBER 290218

EXPIRES 9/25/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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** MORGAN, COREY  
**Permit No** 290218  
**Date Issued** 9/25/2019    **Date Expires** 9/25/2021

