

RECEIVED

By Tracy Crews at 9:01 am, Feb 27, 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 500202	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 02/23/2020
LOCATION OF INSTRUMENT (STREET AND CITY) Reynolds Co. Sheriff's Dept, Centerville, MO		TIME OF INSPECTION 10:00:46

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>02/23/2020 10:00:48</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>45.0°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>INTOXIMETERS</u>	LOT # <u>AG815503</u>	EXP. DATE <u>06/04/2020</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 checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input 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: 0.099	TEST 2: 0.100	TEST 3: 0.099
---------------	---------------	---------------

<input checked="" type="checkbox"/> 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: 0	.15-.19: 0	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)

February Maintenance

INSPECTING OFFICER			
SIGNATURE 		PRINT FULL NAME COREY T MORGAN	
TYPE II PERMIT NUMBER 290218		EXPIRATION DATE 09/25/2021	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 (LAB)
 3500 Bernard Street
 St. Louis, Mo. 63103
 Ph: (314) 533-2100
 Fax: (314) 533-7328

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% BrAC (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
EB0010561	52.22 ppm	EB0010579	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2018.06.04 14:55:01 -0500
 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



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

 **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



RECEIVED

By Tracy Crews at 1:25 pm, Sep 20, 2019

APPROVED

By Stephen Wilson at 3:02 pm, Sep 23, 2019



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

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR <input checked="" type="checkbox"/> NEW PERMIT <input type="checkbox"/> RENEWAL	CURRENT PERMIT NUMBER AND EXPIRATION DATE 383022 – 11/16/2020
--	--

PRINT FULL NAME Corey Tyler Morgan	TITLE Trooper	AGE 27
---------------------------------------	------------------	-----------

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

DEPARTMENT OR TROOP Missouri State Highway Patrol - Troop G	TELEPHONE (417) 469-3121
--	-----------------------------

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE) 1226 W. Bus. US-60/63, Willow Springs, MO

EMAIL ADDRESS Corey.Morgan@MSHP.DPS.MO.GOV

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	<small> <input type="checkbox"/> TYPE I <input type="checkbox"/> TYPE II <input type="checkbox"/> TYPE III <input type="checkbox"/> TYPE IV <input type="checkbox"/> TYPE V <input type="checkbox"/> TYPE VI <input type="checkbox"/> TYPE VII <input type="checkbox"/> TYPE VIII <input type="checkbox"/> TYPE IX <input type="checkbox"/> TYPE X <input type="checkbox"/> TYPE XI <input type="checkbox"/> TYPE XII <input type="checkbox"/> TYPE XIII <input type="checkbox"/> TYPE XIV <input type="checkbox"/> TYPE XV <input type="checkbox"/> TYPE XVI <input type="checkbox"/> TYPE XVII <input type="checkbox"/> TYPE XVIII <input type="checkbox"/> TYPE XIX <input type="checkbox"/> TYPE XX <input type="checkbox"/> TYPE XXI <input type="checkbox"/> TYPE XXII <input type="checkbox"/> TYPE XXIII <input type="checkbox"/> TYPE XXIV <input type="checkbox"/> TYPE XXV <input type="checkbox"/> TYPE XXVI <input type="checkbox"/> TYPE XXVII <input type="checkbox"/> TYPE XXVIII <input type="checkbox"/> TYPE XXIX <input type="checkbox"/> TYPE XXX </small>	NAME OF INSTRUCTOR
09-3-2019	BAC TYPE II SUPERVISOR	30		<input type="checkbox"/>	Hutton
09-10-2019	INTOXIMETERS DMT LAB	14	INTOX DMT	<input checked="" type="checkbox"/>	Cleveland
				<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. INTOXIMETERS DMT	10 OK SGW	10 OK SGW
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 09/17/2019
----------------------------	--------------------

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