



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<br><b>500211</b>   | NAME OF AGENCY<br><b>Butler PD</b> | DATE OF INSPECTION<br><b>05/08/2020</b> |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><b>309 N. Fulton Butler</b> |                                    | TIME OF INSPECTION<br><b>17:14:38</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>05/08/2020 17:14:41</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>42.6°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>INTOXIMETER</u> | LOT # <u>AG005803</u> | EXP. DATE <u>02/27/2022</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>0.100</b> | TEST 2: <b>0.098</b> | TEST 3: <b>0.098</b> |
|----------------------|----------------------|----------------------|

**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)

changed standard-replaced dry gas-maintenance test completed-SAT-RTS

**INSPECTING OFFICER**

|  |  |   |
|--|--|---|
| SIGNATURE<br>                          | PRINT FULL NAME<br><b>MARK A FROST</b> |   |
| TYPE II PERMIT NUMBER<br><b>200156</b> | EXPIRATION DATE<br><b>04/10/2022</b>   | TELEPHONE NUMBER<br><b>660-679-6131</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

STANDARD CHANGE

Butler PD  
INTOX dmt: 500211

Date: 05/08/2020  
Time: 17:10:18

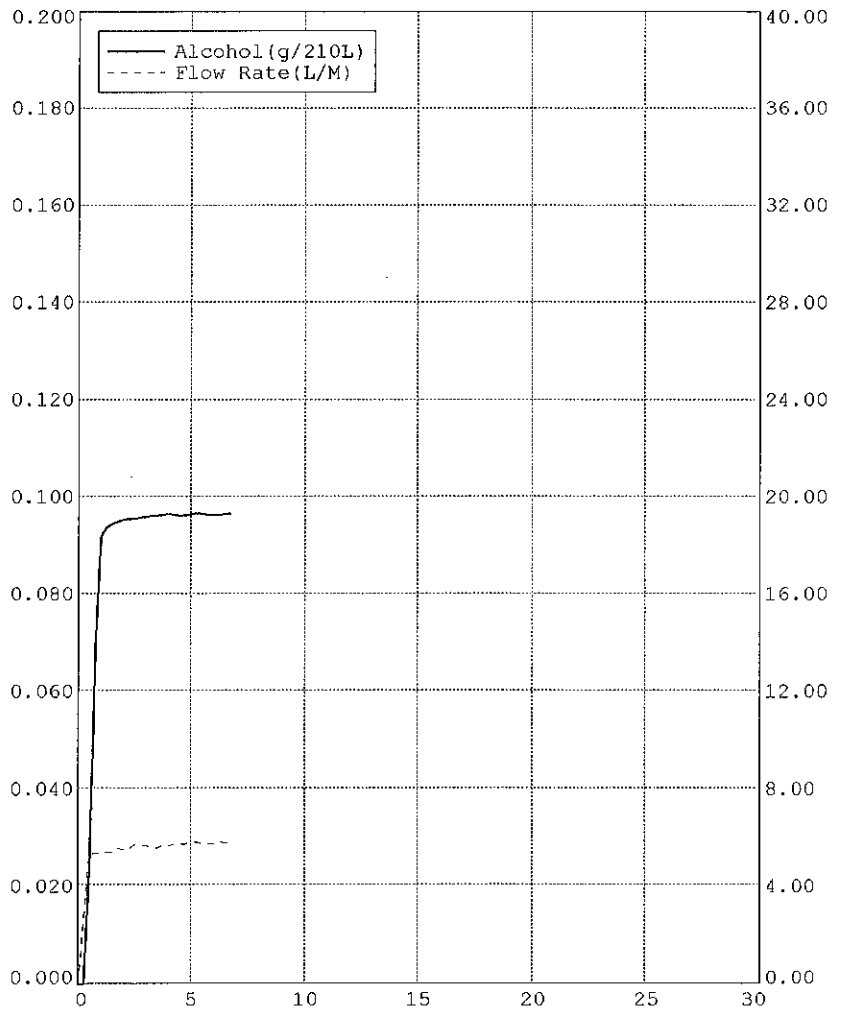
OPERATOR NAME:  
MARK A FROST  
PERMIT NUMBER: 200156  
EXPIRATION DATE: 04/10/2022

LOT #: AG005803  
SUPPLIER: INTOXIMETER  
EXPIRATION: 02/27/2022  
SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION  
CONCENTRATION: 0.100  
TARGET: 0.097

|                   |          |       |
|-------------------|----------|-------|
| BLANK TEST        | 0.000    | 17:11 |
| INTERNAL STANDARD | VERIFIED | 17:11 |
| EXTERNAL STANDARD | 0.098    | 17:11 |
| BLANK TEST        | 0.000    | 17:12 |

Average = 0.0980  
Std Dev = 0.0000  
Spread = 0.0000





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:** 2-Mar-2020

**Lot # AG005803 Model 108cacd**

|                  |                  |                     |                                      |
|------------------|------------------|---------------------|--------------------------------------|
| <b>Exp. Date</b> | <b>Cyl. Type</b> | <b>Component</b>    | <b>Certified Concentration</b>       |
| 27-Feb-2022      | 108              | Ethanol<br>Nitrogen | 0.100 ± 2% BrAC (260 ppm)<br>Balance |

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

| <u>RGM Serial No.</u> | <u>Concentration</u> | <u>RGM 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            |

| <u>CRM Serial No.</u> | <u>Concentration</u> | <u>CRM Serial No.</u> | <u>Concentration</u> |
|-----------------------|----------------------|-----------------------|----------------------|
| CC434668              | 800.0 ppm            | 0056649               | 390.1 ppm            |
| CC234503              | 253.0 ppm            | 0056662               | 150.2 ppm            |

**Analytical Method:** NDIR

Digitally signed by Quality Control  
 Date: 2020.03.02 10:29:26 -06:00  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)

Approved for Release:   
 Rod Marsala

**ISO 17025:2005 A2LA accredited. Certificate Number 3082.06**  
**ISO 17034:2016 A2LA accredited. Certificate Number 3082.07**



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

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**PERMIT**  
**TYPE II**  
**MARK A FROST**

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 4/10/2020

NUMBER 200156

EXPIRES 4/10/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES