

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

RECEIVED

By Tracy Crews at 4:09 pm, Apr 10, 2020

By Stephen wilson at 2:54 pm, Apr 09, 2020

### INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the regular Complete this report whenever the instrument Retain the original and send a copy within 15 c	is serviced or repaired and	whenever it is placed				
				04/09/2020		
LOCATION OF INSTRUMENT (STREET AND CITY) 2530 MARIA LOUISE LANE CAPE GIRA	ARDEAU, MO		TIME OF INSPECTION 11:20:34	···· · · · · · · · · · · · · · · · ·		
CHECKLIST: Place a mark in the box by each values where determined). Unmarked items m	item if found to be satisfa- ust be corrected before usi	ctory or is operating wing instrument.	ithin established limits. (V	Vrite in observed		
☑ DIAGNOSTIC RECORD						
DATE AND TIME <u>04/09/2020 11:20:3</u>	6_	DETECTOR				
☑ PROGRAM		X FILTER 1				
☑ SAMPLE CHAMBER 48.8°C		I FILTER 2				
☑ BREATH TUBE 47.7°C		XI FILTER 3				
⊠ PUMP		INTERNAL STAN	DARD			
BREATH ANALYZER ACCURACY STANDA	ARDS					
☐ SIMULATOR STANDARD		COMPRESSEDE	THANOL-GAS MIXTUR	E		
☑ STANDARD SUPPLIER INTOXIMETER	<u>RSLOT#_</u>	AG916501	EXP. DATE <u>06/14/2021</u>			
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIMULAT	OR SN	SIMULATOR EXP DAT	E		
<ul> <li>☑ CALIBRATION CHECK - (ONLY ONE S Run three tests using a standard. All three of .005 or less. Mark the box correspondir</li> <li>☐ 0.10% STANDARD - MUST REAL</li> <li>☑ 0.08% STANDARD - MUST REAL</li> <li>☐ 0.04% STANDARD - MUST REAL</li> </ul>	ng to the standard being us D BETWEEN 0.095% AND D BETWEEN 0.076% AND	ed. ) 0.105% INCLUSIVE ) 0.084% INCLUSIVE	,			
TEST 1: 0.081 TEST 2: 0.081			TEST 3: 0.081			
☑ PERFORM R.F.I. TEST			· · · · · · · · · · · · · · · · · · ·			
INDICATE THE NUMBER OF BREATH TES	STS IN THE FOLLOWING	RANGES SINCE T	HE LAST MAINTENAN	ICE REPORT:		
REFUSALS: 0 004: 0	.0509: 0	.1014: <b>D</b>	.1519: 0	OVER .19: 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MO ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	DDIFICATION THAT WAS MADE TO F	ESTORE THE INSTRUMENT T	O OPERATE SATISFACTORILY AN	D WITHIN		
maint report set clock for daylight savings						
INSPECTING OFFICER			·			
SIGNATURE () /		PRINT FULL NAME WILLIAM J SAMM	IUT			
TYPE II PERMIT NUMBER 290033	EXPIRATION DATE 02/08/2021	TELEPHONE NU 573-335-	MBER			
RETURN COMPLETED REPORT TO THE	Breath Alcohol Program, I Southeast District Office 2875 James Blvd, Poplar	·	alth and Senior Services			



#### 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: 15-Jun-2019

Lot # AG916501 Model 108cacd

Exp. Date 14-Jun-2021 <u>Cyl. Type</u> 108

Component Ethanol

Nitrogen

Certified Concentration

0.080 ± 0.002 BrAC (208 ppm)

Balance

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
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
CRM Serial No.	Concentration	CRM Serial No.	Concentration
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: 2019.06.17 15:40:57 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Pod Marcala

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** 



# PERMIT TYPE II

## **WILLIAM J SAMMUT**

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 2/8/2019	white
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 290033	
EXPIRES 2/8/2021	A Collection
NAME CON 19774 (C.419)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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.

SAMMUT, WILLIAM Operator

Permit No 290033

Date Issued 2/8/2019 Date Expires 2/8/2021



# RECEIVED

By Tracy Crews at 10:52 am, Feb 08, 2019



MO 580-0767 (2-11)

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

### **APPROVED**

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF By Stephen Wilson at 12:03 pm, Feb 08, 2019

LAB-S

, although	ANTENNAMINISTANCITY PR						
NEW PE	TO THE STATE OF TH	270064		TAND EXPIRATION DATE 3-22-2019			
PRINTFULLNAME WILLIAM JOSEPH SAMMUT			TITLE PATROLMAN			ден 32	
		10,000	A	disclosure concerning your SSN number http://www.health.mo.gov/lab/bre	oer is availa	ble at:	grating for the second
DEPARTMENT ON YROOP CAPE GIRARDEAU POLICE DEPARTMENT - TRAFFIC DIVISION				TELEPHONE (573) 335-6621			
DUSINESS ADDRE	EBS (STREET, OTTY, STATE, ZIP CODE) IA LOUISE DR CAPE GIRARE	DEAU. MO	63701	<del>ini ara-ana na amin'ny ana amin'ny ana amin'ny ana amin'ny ana amin'ny ara-ana amin'ny ana amin'ny ana amin'n</del>		· · · · · · · · · · · · · · · · · · ·	
EMAIL ADDRESS	Doltyofcape.org				***************************************		And the second s
	LIST ALL ORIGINAL (Also, please place a checkm	TRAINING ark beside	COURSE ALL brea	S FOR OPERATION OF BREATH A ath analyzer(s) for which you are re	NALYZERS questing a	permit.)	
DATES OF COURSE	LOCATION OF COURSE		COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER		PLACE A / BEADE HENTHMENTA FOR WRIGH YOU HEOLEST	NAME OF INSTRUCTOR
3-13-2017	MISSOURI SAFETY CENT	ĘŖ	14	INTOX DMT	<del>ni nasalar gaparangangangan</del>	Ø	R. WELCH
2-2013	MSHP ACADEMY JEFF CIT	Υ	55	BAC DATAMASTER	in the state of the constraint of the state		ARMISTED
10-2008	SEMO LAW ENFORCEMEN	IT ACAD	26	BAC DATAMASTER			EUDY
		·				П	
List the man maintenance	ufacturer and name of instrum reports performed on EACH t	ents for wh	ich you e last vear.	are currently performing maintenan	ce reports	on and t	he number o
Artifestation of the second se	NUFACTURER AND NAME OF INST			NUMBER OF MAINTENANCE REPORTS	NUMBE	OF SUB	JECT TESTS
1. Intoximeters Intox DMT		6 OKSGW	11 <u>OK S</u>		OK SOW		
2.							
3,							
nstrument(s n a new pen	) on your current permit that you mit for the new instrument only	ou wish to t	iransfer t	year permit. Therefore, normal re to the new permit. Disregarding the	ie renewal	procedu	res will resul
on drinking st expired for mo preath analyz	Ibjects in the past year on each to ore than thirty (30) days, the appl	instrument t icant shall p I. Coples of	for which perform tw I the Main	<ol> <li>Maintenance Reports and shall have renewal is requested, if these condition to (2) Maintenance Reports and five stenance Reports along with the Oper for renewal.</li> </ol>	ons are not (5) self-adm	met, or I inistered	he permit had tests for each
HONATURE OF API				noutride des riverior de la marie de la montre de la marie de la montre de la montre de la montre de la montre	DATE 02/08/20	19	AND MARKET HERE AND A STATE OF THE STATE OF
IETURN COI	MPLETED APPLICATION TO TH	Sout 2879	lheast Dis 5 James E	l Program, Missouri Department of H strict Office Blvd. MO 63901	ealth and S	ənlor Ser	vices