

RECEIVED

By Tracy Crews at 9:58 am, Jan 17, 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: 500233 NAME OF AGENCY: Hayti Police department DATE OF INSPECTION: 01/12/2020
LOCATION OF INSTRUMENT (STREET AND CITY): 300 East Main TIME OF INSPECTION: 14:10:05

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: 01/12/2020 14:10:07 DETECTOR

PROGRAM FILTER 1

SAMPLE CHAMBER 48.8°C FILTER 2

BREATH TUBE 47.6°C FILTER 3

PUMP INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER: INTOXIMETERS LOT # AG812703 EXP. DATE 05/07/2020

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: 0.099 TEST 2: 0.099 TEST 3: 0.099

PERFORM R.F.I. TEST

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

REFUSALS: 0 0-.04: 1 05-.09: 1 10-.14: 1 15-.19: 3 OVER: 19: 2

LEFT ANY PARTS AND/OR ACCESSORIES AT THE LOCATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)

INSPECTING OFFICER: *David MacLain* PRINT FULL NAME: DAVID MACLAIN

TYPE II PERMIT NUMBER: 290142 EXPIRATION DATE: 06/27/2021 TELEPHONE NUMBER: 573-359-6348

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

MO 340-3366 (3-13) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER Services provided on a nondiscriminatory basis LAB-TM



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
 Inbiximeters, Inc.
 2081 Craig Road
 St. Louis, Mo. 63146

Test Date: 9-May-2018

Lot # AG812703 Model 106cadd

Exp. Date
 7-May-2020

Cyl. Type
 108

Component
 Ethanol
 Nitrogen

Certified Concentration
 0.100 ± 2% BIAQ (260 ppm)
 Balance

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

Serial No.
 EB0010581
 EB0010570
 EB0010285
 EB0010561
 EB0010581

Concentration
 392.1 ppm
 259.8 ppm
 208.0 ppm
 103.6 ppm
 52.12 ppm

Serial No.
 EB0010603
 EB0010559
 EB0010595
 EB0010562
 EB0010579

Concentration
 393.0 ppm
 258.2 ppm
 208.3 ppm
 104.2 ppm
 52.91 ppm

Analytical Method: NDIR

Digitally signed by: Control
 Date: 2018.05.09 13:31:11
 Reason: Dry gas standard certification of analyte
 Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala
 Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



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

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PERMIT
TYPE II

DAVID MACLIN

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 6/27/2019

NUMBER 290142

EXPIRES 6/27/2021

MO 660-0771 (8-10)

W. S. Smith
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David Maclin
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (8-05-10)

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.

Operator: **MACLIN, DAVID**
Permit No: **290142**
Date Issued **6/27/2019** Date Expires **6/27/2021**

