



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

**INTOX DMT MAINTENANCE REPORT**

**RECEIVED**

By Tracy Crews at 10:53 am, Feb 24, 2020

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>500238</b>	NAME OF AGENCY <b>Camden Co Sheriffs Office</b>	DATE OF INSPECTION <b>02/14/2020</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>133 Cherokee, Four Seasons MO 65049</b>		TIME OF INSPECTION <b>16:46:28</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>02/14/2020 16:46:30</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>48.1°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
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG931104</u>	EXP. DATE <u>11/07/2021</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>0.097</b>	TEST 2: <b>0.098</b>	TEST 3: <b>0.098</b>
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**PERFORM R.F.I. TEST**

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

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

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**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME <b>DAVID O HENDERSON</b>	
TYPE II PERMIT NUMBER <b>290109</b>	EXPIRATION DATE <b>05/21/2021</b>	TELEPHONE NUMBER <b>573-346-2243</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**

STATE OF TEXAS

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IN SENATE, FEBRUARY 15, 1905.

REPORT OF THE COMMISSIONERS OF THE GENERAL LAND OFFICE.

FOR THE YEAR ENDING DECEMBER 31, 1904.

RECEIVED AT THE OFFICE OF THE COMMISSIONERS OF THE GENERAL LAND OFFICE,

AT DALLAS, TEXAS, FEBRUARY 15, 1905.

BY \_\_\_\_\_

CLERK OF THE SENATE.

BY \_\_\_\_\_

COMMISSIONERS OF THE GENERAL LAND OFFICE.

BY \_\_\_\_\_

COMMISSIONERS OF THE GENERAL LAND OFFICE.

BY \_\_\_\_\_

COMMISSIONERS OF THE GENERAL LAND OFFICE.

BY \_\_\_\_\_

COMMISSIONERS OF THE GENERAL LAND OFFICE.

BY \_\_\_\_\_

COMMISSIONERS OF THE GENERAL LAND OFFICE.

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COMMISSIONERS OF THE GENERAL LAND OFFICE.

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BY \_\_\_\_\_

COMMISSIONERS OF THE GENERAL LAND OFFICE.

BY \_\_\_\_\_

COMMISSIONERS OF THE GENERAL LAND OFFICE.

BY \_\_\_\_\_



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

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**PERMIT  
 TYPE II**

**DAVID O. HENDERSON**

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 5/21/2019

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290109

EXPIRES 5/21/2021

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** HENDERSON, DAVID  
**Permit No** 290109  
**Date Issued** 5/21/2019    **Date Expires** 5/21/2021



STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BIOETHICS PROGRAM

INFORMED CONSENT  
TYPE I  
B. VINO O. LABORATORY

This study has been approved by the Institutional Review Board of the University of Michigan and the following persons have been approved for the study:


INFORMED CONSENT

For the purpose of the research, you are being asked to participate in a study of the effects of a certain substance on the body. The purpose of the study is to determine if the substance is safe and effective for the treatment of certain conditions. You are being asked to participate in this study because you have been selected from a list of people who are interested in participating in research. You are being asked to participate in this study because you have been selected from a list of people who are interested in participating in research.

DATE: 01/15/19  
NUMBER: 201109  
EXPIRES: 01/15/20

DIRECTOR OF STATE PUBLIC HEALTH ADMINISTRATION  
DIRECTOR OF DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BIOETHICS PROGRAM  
INFORMED CONSENT  
TYPE I  
B. VINO O. LABORATORY





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:** 9-Nov-2019

**Lot # AG931104 Model 108cacd**

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
7-Nov-2021	108	Ethanol Nitrogen	0.100 ± 2% BrAC (260 ppm) 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: 2019.11.11 10:42:10 -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**