

RECEIVED

By Tracy Crews at 1:56 pm, Jul 24, 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 500261	NAME OF AGENCY Lake Ozark Police Dept.	DATE OF INSPECTION 07/19/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 3162 Bagnell Dam Boulevard, Lake Ozark		TIME OF INSPECTION 19:52:11

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 07/19/2020 19:52:13

PROGRAM DETECTOR

SAMPLE CHAMBER 48.8°C FILTER 1

BREATH TUBE 48.1°C FILTER 2

PUMP FILTER 3

INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS LOT # AG827002 EXP. DATE 09/27/2020

SIMULATOR TEMP (34°C ± 0.2°C) _____ SIM. SN _____ SIM. NIST 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: 0.080 TEST 2: 0.079 TEST 3: 0.080

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: 3	.10-.14: 3	.15-.19: 2	OVER .19: 2
-------------	----------	------------	------------	------------	-------------

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)

INSPECTING OFFICER

SIGNATURE *[Signature]* PRINT FULL NAME **DAVID HENDERSON**

TYPE II PERMIT NUMBER 290109 EXPIRATION DATE 05/21/2021 TELEPHONE NUMBER 573-346-2243

RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email

INTOX DATUM MAINTENANCE REPORT

This report is to be completed at the time of the regular monthly preventive maintenance check (but to exceed 15 days) or if the equipment is removed for service and whenever placed into service. The report should be filed in the designated area of the equipment. (Write in a separate area the date when it was placed into service.)

DATE: 01/21/2020
TIME: 10:30 AM
BY: [Signature]

01/21/2020

10:30 AM

DATE/TIME: 01/21/2020 10:30 AM
BY: [Signature]

DATE/TIME: 01/21/2020 10:30 AM

BY: [Signature]

BY: [Signature]

BY: [Signature]

BY: [Signature]

BY: [Signature]

BY: [Signature]

BY: [Signature]

DATE/TIME: 01/21/2020

DATE/TIME: 01/21/2020

DATE/TIME: 01/21/2020 10:30 AM

DATE/TIME: 01/21/2020 10:30 AM

DATE/TIME: 01/21/2020 10:30 AM

DATE/TIME: 01/21/2020

DATE/TIME: 01/21/2020

DATE/TIME: 01/21/2020

DATE/TIME: 01/21/2020 10:30 AM

DATE/TIME: 01/21/2020 10:30 AM

DAVID HENDERSON

270-844-2383

270-844-2383

RETURN COMPLETED REPORT TO THE

290109

Health Alcohol Program, Missouri Department of Health and Senior Services

AMERICAN OVERSIGHT



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-Oct-2018

Lot # AG827002 Model 108cadd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
27-Sep-2020	108	Ethanol Nitrogen	0.080 ± 0.002 BrAC (208 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	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

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2018.10.03 10:02:04 -05:00
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



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

2

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



