



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

**INTOX DMT MAINTENANCE REPORT**

**RECEIVED**

By Tracy Crews at 7:34 am, Jun 26, 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>500266</b>	NAME OF AGENCY <b>UNIVERSITY OF MISSOURI POLICE DEPARTMENT</b>	DATE OF INSPECTION <b>06/25/2020</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>901 VIRGINIA AVE, COLUMBIA</b>		TIME OF INSPECTION <b>21:25:16</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.

<input checked="" type="checkbox"/> <b>DIAGNOSTIC RECORD</b>	
DATE AND TIME <u>06/25/2020 21:25:18</u>	<input checked="" type="checkbox"/> <b>DETECTOR</b>
<input checked="" type="checkbox"/> <b>PROGRAM</b>	<input checked="" type="checkbox"/> <b>FILTER 1</b>
<input checked="" type="checkbox"/> <b>SAMPLE CHAMBER <u>48.7°C</u></b>	<input checked="" type="checkbox"/> <b>FILTER 2</b>
<input checked="" type="checkbox"/> <b>BREATH TUBE <u>48.1°C</u></b>	<input checked="" type="checkbox"/> <b>FILTER 3</b>
<input checked="" type="checkbox"/> <b>PUMP</b>	<input checked="" type="checkbox"/> <b>INTERNAL STANDARD</b>

<b>BREATH ANALYZER ACCURACY STANDARDS</b>	
<input type="checkbox"/> <b>SIMULATOR STANDARD</b>	<input checked="" type="checkbox"/> <b>COMPRESSED ETHANOL-GAS MIXTURE</b>

<input checked="" type="checkbox"/> <b>STANDARD SUPPLIER <u>INTOXIMETERS</u></b>	<b>LOT # <u>AG827002</u></b>	<b>EXP. DATE <u>09/27/2020</u></b>
<input type="checkbox"/> <b>SIMULATOR TEMP (34°C ± 0.2°C)</b>	<b>SIM. SN</b>	<b>SIM. NIST EXP DATE</b>

<input checked="" type="checkbox"/> <b>CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b> 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.	
<input type="checkbox"/> <b>0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</b>	
<input checked="" type="checkbox"/> <b>0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</b>	
<input type="checkbox"/> <b>0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</b>	

<b>TEST 1: <u>0.079</u></b>	<b>TEST 2: <u>0.079</u></b>	<b>TEST 3: <u>0.079</u></b>
<input checked="" type="checkbox"/> <b>PERFORM R.F.I. TEST</b>		

<b>INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:</b>					
<b>REFUSALS: 0</b>	<b>0-.04: <u>1</u></b>	<b>.05-.09: <u>0</u></b>	<b>.10-.14: <u>0</u></b>	<b>.15-.19: <u>1</u></b>	<b>OVER .19: <u>0</u></b>

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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<b>INSPECTING OFFICER</b>		
SIGNATURE 	PRINT FULL NAME <b>JENNIFER PERRY</b>	
TYPE II PERMIT NUMBER <b>290031</b>	EXPIRATION DATE <b>02/08/2021</b>	TELEPHONE NUMBER <b>573 882 7201</b>

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



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

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**PERMIT**  
**TYPE II**  
**JENNIFER PERRY**

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

NUMBER 290031

EXPIRES 2/8/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

**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 in Missouri.*

Operator PERRY, JENNIFER  
 Permit No 290031  
 Date Issued 2/8/2019 Date Expires 2/8/2021



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**BLOOD ALCOHOL TEST REPORT - INTOX DMT**

FORM #11

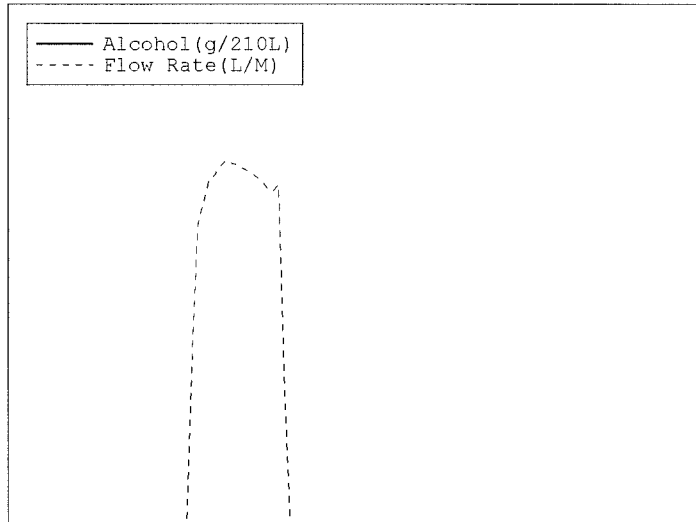
LOCATION OF INSTRUMENT 901 VIRGINIA AVE, COLUMBIA	INSTRUMENT SERIAL NUMBER 500266	DATE OF TEST 06/25/2020	TIME OBSERVATION PERIOD STARTED 21:00	TIME OF TEST 21:40:02
SUBJECT NAME TEST A TEST			DATE OF BIRTH 02/14/2002	
SUBJECT DRIVER'S LICENSE NUMBER NA			STATE NA	
ARRESTING OFFICER NA NA		ARRESTING OFFICER ID NA		
OPERATOR JENNIFER PERRY		OPERATOR PERMIT 290031	PERMIT EXP DATE 02/08/2021	
OBSERVER JENNIFER PERRY		OBSERVER PERMIT 290031	PERMIT EXP DATE	

**OPERATIONAL CHECKLIST: INTOX DMT**

- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by JENNIFER PERRY. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.
- 3. Assure that the power switch is ON and the screen is displaying "Ready <Push Run>".
- 4. Press the Run button on the display screen.
- 5. Enter subject and officer information.
- 6. When display reads "Please Blow" and gives audible beep, insert mouthpiece and take the subject's breath sample.

**SUBJECT TEST RESULTS**

BLANK TEST	0.000	21:41
INTERNAL STANDARD	VERIFIED	21:41
SUBJECT SAMPLE (Vol=1.76L)	0.000	21:41
BLANK TEST	0.000	21:42



COMMENTS

**CERTIFICATION BY OPERATOR**

BAC  
0.000

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.

SIGNATURE OF OPERATOR  DATE  
06/25/2020

WITNESS (IF ANY) DATE  
06/25/2020



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**

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