

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

RECEIVED

By Stephen Wilson at 9:31 am, Apr 13, 2020

INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the regular	monthly preventive	maintenance che	ck (not to exce	ed 35 days).		
Complete this report whenever the instrumen Retain the original and send a copy within 15	t is serviced or repair days to the Breath A	red and whenever Alcohol Program, I	rit is placed into DHSS.	o service.		
INTOX DMT SN S00275 NAME OF AGENCY Platte County Sheriff's Office				DATE OF INSPECTION 04/10/2020		
LOCATION OF INSTRUMENT (STREET AND CITY) 415 Third Street, Platte City, MO 64079			101	TIME OF INSPECTION 20:02:52		
CHECKLIST: Place a mark in the box by eac values where determined). Unmarked items in	h item if found to be	satisfactory or is	operating within	n established limits	. (Write in observed	
☑ DIAGNOSTIC RECORD		9				
DATE AND TIME 04/10/2020 20:02:55			M DETECTOR			
☑ PROGRAM			☑ FILTER 1			
☑ SAMPLE CHAMBER 48.7°C ☑ FILTER 2						
☐ BREATH TUBE 41.5°C ☐ ☐ FI			FILTER 3			
☑ PUMP ☑ INTERNAL STANDARD						
BREATH ANALYZER ACCURACY STAND	ARDS					
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE					URE	
STANDARD SUPPLIER INTOXIMETE	RS L	OT# <u>AG90160</u>)4	EXP. DATE_	01/16/2021	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SI	MULATOR SN_	SI	MULATOR EXP D	DATE	
□ CALIBRATION CHECK - (ONLY ONE S Run three tests using a standard. All three of .005 or less. Mark the box correspondi □ 0.10% STANDARD - MUST REA □ 0.08% STANDARD - MUST REA □ 0.04% STANDARD - MUST REA	ng to the standard b D BETWEEN 0.095 D BETWEEN 0.076	eing used. 5% AND 0.105% I 5% AND 0.084% I	NCLUSIVE NCLUSIVE	,		
TEST 1: 0.102	: 0.102 TEST 2: 0.101		TEST 3: 0.101			
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TE	STS IN THE FOLL	OWING RANGE	S SINCE THE	LAST MAINTEN	ANCE REPORT:	
REFUSALS: 0 004: 12	.0509: 6	.1014: 1		.1519: 3	OVER .19: 2	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR M ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	IODIFICATION THAT WAS M	ADE TO RESTORE THE	INSTRUMENT TO OF	ERATE SATISFACTORILY	AND WITHIN	
INSPECTING OFFICER		PRINT FULL N	IAME			
70/14 63.0			WILLIAM E BEELER			
280190	05/22/20		816-858-352			
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						



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: 16-Jan-2019

Lot # AG901604 Model 108cacd

Exp. Date 16-Jan-2021 Cyl. Type 108 Component

Ethanol Nitrogen Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Balance

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

 RGM Serial No.
 Concentration

 EB0010581
 392.1 ppm

 EB0010570
 259.8 ppm

 EB0010285
 208.0 ppm

 EB0010561
 103.6 ppm

 EB0010681
 52.12 ppm

 CRM Serial No.
 Concentration

 CC434668
 800.0 ppm

 CC234503
 253.0 ppm

RGM Serial No. EB0010603 EB0010559 EB0010595 EB0010562 EB0010579

393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm

Concentration

 CRM Serial No.
 Concentration

 0056649
 390.1 ppm

 0056662
 150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2019.01.17 09:42:12 -06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Pod Marcala

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 BEELER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, 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.

DATE5/22/2018	wante
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 280190	
EXPIRES 5/22/2020	to for william
MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
10 000 01 11 (0-10)	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 a in Missouri



Permit No 280190

Date Issued 5/22/2018

Date Expires 5/22/2020