#### **RECEIVED**

By Tracy Crews at 9:39 am, Oct 01, 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 NAME OF AGENCY Columbia PD		DATE OF INS 09/30/2				
LOCATION OF INSTRUMENT (STREET AND CITY) 600 E. Walnut Columbia		TIME OF INSE 19:25:2				
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 TIME09/30/2020 19:25:28    DETECTOR						
☑ PROGRAM ☑ FILTER 1						
☑ SAMPLE CHAMBER 48.7°C ☑ FILTER 2						
☑ BREATH TUBE 44.0°C	☑ FILT	ER 3				
☑ PUMP ☑ INTERNAL STANDARD						
BREATH ANALYZER ACCURACY STANDARDS						
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE						
STANDARD SUPPLIER INTOXIMETERS	LOT#_AG931	104 EXP.	DATE 11/07/2021			
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST E	EXP DATE			
<ul> <li>□ 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.</li> <li>□ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</li> <li>□ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</li> <li>□ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</li> </ul>						
TEST 1: 0.101	TEST 2: 0,101	TEST 3:	0.101			
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS: 0 004: 0	0509: 0 .1014	0 .1519: 0	OVER .19: 0			
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)  monthly maintenance						
INSPECTING OFFICER						
SIGNATURE Mark D. Hackard		PRINT FULL NAME MARK D HOEHNE				
TYPE II PERMIT NUMBER 200187	06/15/2022	TELEPHONE NUMBER 573-874-7585				
RETURN COMPLETED REPORT TO THE  Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email						



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Lin., MA, 533-3400
Las., 6310, E83-7370

## 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

Exp. Date 7-Nov-2021 **Cyl. Type** 108

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

Balance

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

RGM Serial No. EB0010581 EB0010570 EB0010285 EB0010561 EB0010681	Concentration 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm	RGM Serial No. EB0010603 EB0010559 EB0010595 EB0010562 EB0010579	Concentration 393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration
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

## PERMIT TYPE II MARK D HOETINE

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.

DATE

6/15/2020

NUMBER 200187

EXPIRES 6/15/2022

MCI 580-0771 (6:10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB # (H5 #8)

