



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
 BREATH ALCOHOL PROGRAM  
**INTOX DMT MAINTENANCE REPORT**

**RECEIVED**  
 By Tracy Crews at 11:34 am, Mar 23, 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<br><b>500281</b>   | NAME OF AGENCY<br><b>St Robert Police Department</b> | DATE OF INSPECTION<br><b>03/18/2020</b> |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><b>194 Eastlawn Ave Ste A St Robert, MO 65584</b> |  | TIME OF INSPECTION<br><b>15:44:52</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>03/18/2020 15:44:55</u>                         | <input checked="" type="checkbox"/> DETECTOR          |
| <input checked="" type="checkbox"/> PROGRAM                      | <input checked="" type="checkbox"/> FILTER 1          |
| <input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.9°C</u> | <input checked="" type="checkbox"/> FILTER 2          |
| <input checked="" type="checkbox"/> BREATH TUBE <u>47.3°C</u>    | <input checked="" type="checkbox"/> FILTER 3          |
| <input checked="" type="checkbox"/> PUMP                         | <input checked="" type="checkbox"/> INTERNAL STANDARD |

**BREATH ANALYZER ACCURACY STANDARDS**

SIMULATOR STANDARD       COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS      LOT # AG812703      EXP. DATE 05/07/2020

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: 0.101      TEST 2: 0.100      TEST 3: 0.100

**PERFORM R.F.I. TEST**

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

|             |          |            |            |            |             |
|-------------|----------|------------|------------|------------|-------------|
| REFUSALS: 1 | 0-.04: 1 | .05-.09: 0 | .10-.14: 4 | .15-.19: 1 | 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)

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**INSPECTING OFFICER**

|               |   |
|---------------|---|
| SIGNATURE<br> | PRINT FULL NAME<br><b>TYSON E RUSSELL</b> |
|---------------|---|

|  |                                      |   |
|--|--------------------------------------|---|
| TYPE II PERMIT NUMBER<br><b>200064</b> | EXPIRATION DATE<br><b>01/16/2022</b> | TELEPHONE NUMBER<br><b>573-336-4700</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



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-May-2018

**Lot # AG812703    Model 108cacc**

|                                       |                                |  |   |
|---------------------------------------|--------------------------------|--|---|
| <b><u>Exp. Date</u></b><br>7-May-2020 | <b><u>Cyl. Type</u></b><br>108 | <b><u>Component</u></b><br>Ethanol<br>Nitrogen | <b><u>Certified Concentration</u></b><br>0.100 ± 2% BrAC (260 ppm)<br>Balance |
|---------------------------------------|--------------------------------|--|---|

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

|  |  |
|--|--|
| <b><u>Serial No.</u></b><br>EB0010581    392.1 ppm<br>EB0010570    259.8 ppm<br>EB0010285    208.0 ppm<br>EB0010561    103.6 ppm<br>EB0010681    52.12 ppm | <b><u>Serial No.</u></b><br>EB0010603    393.0 ppm<br>EB0010559    258.2 ppm<br>EB0010595    208.3 ppm<br>EB0010562    104.2 ppm<br>EB0010579    52.81 ppm |
|--|--|

**Analytical Method:**      NDIR

Digitally signed by Quality Control  
 Date: 2018.05.09 13:21:11 -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 2989.01**



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



**PERMIT**  
**TYPE II**  
**TYSON E RUSSELL**

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 1/16/2020

NUMBER 200064

EXPIRES 1/16/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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** RUSSELL, TYSON  
**Permit No** 200064  
**Date Issued** 1/16/2020    **Date Expires** 1/16/2022





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

**APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS**

**RECEIVED**

By Tracy Crews at 8:19 am, Jan 15, 2020

**APPROVED**

By Stephen Wilson at 11:11 am, Jan 15, 2020

|  |  |
|--|--|
| THIS APPLICATION IS FOR<br><input type="checkbox"/> NEW PERMIT <input checked="" type="checkbox"/> RENEWAL | CURRENT PERMIT NUMBER AND EXPIRATION DATE<br>280077 02/06/2020 |
|--|--|

|                                     |                   |           |
|-------------------------------------|-------------------|-----------|
| PRINT FULL NAME<br>Tyson E. Russell | TITLE<br>Sergeant | AGE<br>33 |
|-------------------------------------|-------------------|-----------|

A disclosure concerning your SSN number is available at:  
<http://www.health.mo.gov/lab/breathalcohol/>

|   |                             |
|---|-----------------------------|
| DEPARTMENT OR TROOP<br>Saint Robert Police Department | TELEPHONE<br>(573) 336-4700 |
|---|-----------------------------|

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)  
194 Eastlawn Ave St. Robert, MO 65584

EMAIL ADDRESS  
trussell@saintrobert.com

**LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS**  
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

| DATES OF COURSE | LOCATION OF COURSE | COURSE LENGTH (HRS.) | NAME & MODEL OF BREATH ANALYZER | PLACE A ✓ BESIDE INSTRUMENTS FOR WHICH YOU REQUEST | NAME OF INSTRUCTOR |
|-----------------|--------------------|----------------------|---------------------------------|--|--------------------|
| 1/26/2016       | MSHP Academy       | 51                   | Intox DMT                       | <input checked="" type="checkbox"/>                | Sgt. Day           |
|                 |                    |                      |                                 | <input type="checkbox"/>                           |                    |
|                 |                    |                      |                                 | <input type="checkbox"/>                           |                    |
|                 |                    |                      |                                 | <input type="checkbox"/>                           |                    |

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

| MANUFACTURER AND NAME OF INSTRUMENT | NUMBER OF MAINTENANCE REPORTS | NUMBER OF SUBJECT TESTS |
|-------------------------------------|-------------------------------|-------------------------|
| 1. Intox DMT                        | 12 <b>OK SGW</b>              | 10 <b>OK SGW</b>        |
| 2.                                  |                               |                         |
| 3.                                  |                               |                         |

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

|                            |                    |
|----------------------------|--------------------|
| SIGNATURE OF APPLICANT<br> | DATE<br>01/14/2020 |
|----------------------------|--------------------|

**RETURN COMPLETED APPLICATION TO THE:** Breath Alcohol Program, Missouri Department of Health and Senior Services  
Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901