

RECEIVED

By Tracy Crews at 8:18 am, Feb 07, 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 500289	NAME OF AGENCY Boone County Sheriff's Department	DATE OF INSPECTION 02/06/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 2121 County Drive, Columbia, MO		TIME OF INSPECTION 22:28:00

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"/> DIAGNOSTIC RECORD	
DATE AND TIME <u>02/06/2020 22:28:03</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>48.1°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

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

<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG901604</u>	EXP. DATE <u>01/16/2021</u>
<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____	SIMULATOR SN _____	SIMULATOR EXP DATE _____

<input checked="" type="checkbox"/> 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.
<input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
<input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1: 0.099	TEST 2: 0.099	TEST 3: 0.099
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<input checked="" type="checkbox"/> 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: 3	.15-.19: 4	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)

Instrument was operating satisfactorily and within established limits.

INSPECTING OFFICER		
SIGNATURE 	PRINT FULL NAME STEVEN H VERBLE	
TYPE II PERMIT NUMBER 290102	EXPIRATION DATE 05/03/2021	TELEPHONE NUMBER 573-875-1111

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
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Airgas USA LLC (LAB)
 3500 Bernard Street
 St. Louis, Mo. 63103
 Ph: (314) 533-3100
 Fax: (314) 533-7328

Certificate of Analysis

Test Date: 16-Jan-2019

Customer Name
 Exclusive Supplier
 Intoximeters, Inc.
 2081 Craig Road
 St. Louis, Mo 63146

Lot # AG901604 Model 108cacc

Exp. Date 16-Jan-2021
 Cyl. Type 108
 Component Ethanol
 Nitrogen
 Certified Concentration 0.100 ± 2% BIAC (250 ppm)
 Balance

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration	CRM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	333.0 ppm	0058649	390.1 ppm
EB0010570	289.8 ppm	EB0010589	258.2 ppm	0058662	150.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm		
EB0010561	103.6 ppm	EB0010582	104.2 ppm		
EB0010581	52.12 ppm	EB0010579	52.81 ppm		
CRM Serial No.	Concentration				
CC434668	800.0 ppm				
CC234503	253.0 ppm				

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2019.01.17 09:42:12 -0600
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (LAB)

Approved for Release:

Rod Marsala
 Rod Marsala

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

STEVEN H VERBLE

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 5/3/2019
 NUMBER 290102
 EXPIRES 5/3/2021
 MO 880-071 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
[Signature]
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
 LAB-4 (06-10)

STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD

The named candidate is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air.

Operator: VERBLE, STEVEN
 Permit No. 290102
 Date Issued 5/3/2019 Date Expires 5/3/2021

