

**RECEIVED**

By Tracy Crews at 8:55 am, Jun 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 500289	NAME OF AGENCY BOONE COUNTY SHERIFF'S DEPARTMENT	DATE OF INSPECTION 06/01/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 2121 E. COUNTY DR, COLUMBIA		TIME OF INSPECTION 05:19:36

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>06/01/2020 05:19:38</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>39.1°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: 0.098	TEST 2: 0.099	TEST 3: 0.100
---------------	---------------	---------------

<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: 0	0-.04: 0	.05-.09: 0	.10-.14: 0	.15-.19: 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)

Instrument 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



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 108cacc

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	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	258.8 ppm	EB0010599	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
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC-434666	800.0 ppm	0056649	390.1 ppm
CC-234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control  
 Date: 2019.01.17 09:42:17 -0600  
 Reason: My 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-960-9771 (6-10)

*W. H. Verble*  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Steven H Verble*  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 LAB-1 (PR-10)

STATE OF MISSOURI  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM  
**INSTRUMENT OPERATOR CARD**  
 The card certifies that the instrument operator is duly trained and licensed in Missouri for the determination of the alcoholic content of a breath sample of expired air.  
 Operator VERBLE, STEVEN  
 Permit No. 290102  
 Card Issues 5/3/2019 Date Expires 5/3/2021