



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

**RECEIVED**

By Tracy Crews at 11:42 am, Feb 25, 2020

**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 500290	NAME OF AGENCY Fulton Police Department	DATE OF INSPECTION 01/29/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 935 Bus 54 South Fulton		TIME OF INSPECTION 08:50:32

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>01/29/2020 08:50:35</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>47.1°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

**COPY**

BREATH ANALYZER ACCURACY STANDARDS

SIMULATOR STANDARD  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETER LOT # AG928003 EXP. DATE 10/07/2021

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: 0.100 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: 0	0-.04: 5	.05-.09: 1	.10-.14: 1	.15-.19: 1	OVER .19: 0
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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 meets all DOHSS specifications

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME RICE H ROGER	
TYPE II PERMIT NUMBER 290098	EXPIRATION DATE 04/24/2021	TELEPHONE NUMBER 573-592-3100

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:** 7-Oct-2019

**Lot # AG928003 Model 108cadd**

<b>Exp. Date</b> 7-Oct-2021	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.100 ± 2% BrAC (260 ppm) Balance
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**Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:**

<table border="0"> <tr> <th><u>RGM Serial No.</u></th> <th><u>Concentration</u></th> </tr> <tr> <td>EB0010581</td> <td>392.1 ppm</td> </tr> <tr> <td>EB0010570</td> <td>259.8 ppm</td> </tr> <tr> <td>EB0010285</td> <td>208.0 ppm</td> </tr> <tr> <td>EB0010561</td> <td>103.6 ppm</td> </tr> <tr> <td>EB0010681</td> <td>52.12 ppm</td> </tr> </table>	<u>RGM Serial No.</u>	<u>Concentration</u>	EB0010581	392.1 ppm	EB0010570	259.8 ppm	EB0010285	208.0 ppm	EB0010561	103.6 ppm	EB0010681	52.12 ppm	<table border="0"> <tr> <th><u>RGM Serial No.</u></th> <th><u>Concentration</u></th> </tr> <tr> <td>EB0010603</td> <td>393.0 ppm</td> </tr> <tr> <td>EB0010559</td> <td>258.2 ppm</td> </tr> <tr> <td>EB0010595</td> <td>208.3 ppm</td> </tr> <tr> <td>EB0010562</td> <td>104.2 ppm</td> </tr> <tr> <td>EB0010579</td> <td>52.81 ppm</td> </tr> </table>	<u>RGM Serial No.</u>	<u>Concentration</u>	EB0010603	393.0 ppm	EB0010559	258.2 ppm	EB0010595	208.3 ppm	EB0010562	104.2 ppm	EB0010579	52.81 ppm
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**Analytical Method:** NDIR

Digitally signed by Quality Control  
 Date: 2019.10.07 16:45:04 -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 3082.06**  
**ISO 17034:2016 A2LA accredited. Certificate Number 3082.07**



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

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**PERMIT**  
**TYPE II**  
**H. ROGER RICE**

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 4/24/2019

NUMBER 290098

EXPIRES 4/24/2021

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 air in Missouri.*

**Operator** RICE, H. ROGER  
**Permit No** 290098  
**Date Issued** 4/24/2019 **Date Expires** 4/24/2021

