

### 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 till Complete this report whenev Retain the original and send	er the instrument is service	ed or repaired and	whenever it is	placed into			
INTOX DMT SN NAME OF AGENCY  500025 Sedalia Police Department				DATE OF INSPECTION 07/21/2021			
LOCATION OF INSTRUMENT (STREET A 300 W 3rd St		TIME OF INSPECTION 03:30:44					
CHECKLIST: Place a mark values where determined). U	in the box by each item if t nmarked items must be c	ound to be satisfac	tory or is ope	rating within	established limits. (W	rite in observed	
☑ DIAGNOSTIC RECORI	D						
DATE AND TIME 07/2	21/2021 03:30:46	Σ	DETECTO	TECTOR			
☑ PROGRAM ⑤			☑ FILTER 1				
☐ SAMPLE CHAMBER 48.8°C ☐			I FILTER 2				
			I FILTER 3				
☑ PUMP			☑ INTERNAL STANDARD				
BREATH ANALYZER ACC	URACY STANDARDS						
☑ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE							
☑ STANDARD SUPPLIER	LOT#	LOT# <u>20001</u>		EXP. DATE <u>10/07/2022</u>			
SIMULATOR TEMP (34	°C ± 0.2°C) 34.0	SIM. SN	SD2306	SIM	M. NIST EXP DATE_	05/12/2022	
<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: 0.098 TEST		ST 2: 0.099			TEST 3: 0.099		
☑ PERFORM R.F.I. TEST	<u></u>						
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:							
REFUSALS: 0 00	4: 20 .05	09: 2	.1014: 5		.1519: 6	OVER .19: 2	
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)  conforms to DHSS rules and regulations							
INSPECTING OFFICER							
SIGNATURE  Hele Schritt			PRINT FULL NAME  KYLE SCHMITT		۸.		
TYPE II PERMIT NUMBER 210110		EXPIRATION DATE 05/18/2023		EPHONE NUMBE 60-826-810			
RETURN COMPLETED RI	Dieali	Alcohol Program, I, fax, or email	Missouri Dep	artment of H	ealth and Senior Serv	rices	

# **CERTIFICATE OF ANALYSIS**

MANUFACTURER AND SUPPLIER: RepCo Marketing Co.

**LOT NUMBER: 20001** 

**EXPIRATION DATE: October 7, 2022** at 11:59 p.m.

RepCo Marketing Co. certifies the following:

RepCo Marketing Co. prepared, tested and supplied Lot Number 20001 of Alcohol Certified Solution for simulators. This solution was manufactured and tested by RepCo Marketing Co., with confirmation by ISO 17025 and ISO 17034 accredited institution Alcohol Countermeasure Systems, using NIST standards. Random samples were analyzed by Alcohol Countermeasure Systems utilizing a gas chromatograph and found to contain 1227 gms/dl +/-.003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of <u>.100</u> +/-3% gms/210L breath when heated to 34 Degrees Celsius +/-0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is <u>October 8, 2020</u> The expiration date for this lot number is <u>October 7, 2022</u> at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.

Alma Palmer, Operations Manager RepCo Marketing Co.



# STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# PERMIT TYPE II KYLE SCHMITT

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	5/18/2021	when			
		DIRECTOR OF STATE PUBLIC   IEALT    LABORATORY			
NUMBER		Will Kright			
<b>EXPIRES</b>	5/18/2023				
SELECTION IS CONTROLLED WITH		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES			

MO 580-0771 (6-10)

LAB-4 (R6-10)



