



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 500031 | NAME OF AGENCY Carl Junction Police Department | DATE OF INSPECTION 09/24/2021 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 302 N. Main Street Carl Junction | | TIME OF INSPECTION 11:41:45 |

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>09/24/2021 11:41:47</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>45.2°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>AG931104</u> | EXP. DATE <u>11/07/2021</u> |
| <input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____ | SIM. SN _____ | SIM. NIST 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: 0.098 | TEST 2: 0.097 | TEST 3: 0.097 |
|----------------------|----------------------|----------------------|

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)

INSPECTING OFFICER

| | |
|---------------|--|
| SIGNATURE | PRINT FULL NAME JARED B RICHMOND |
|---------------|--|

| | | |
|--|--------------------------------------|---|
| TYPE II PERMIT NUMBER 210166 | EXPIRATION DATE 08/24/2023 | TELEPHONE NUMBER 417-649-7070 |
|--|--------------------------------------|---|

RETURN COMPLETED REPORT TO THE
 Breath Alcohol Program, Missouri Department of Health and Senior Services
 by mail, fax, or email



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-Nov-2019

Lot # AG931104 Model 108cacc

Exp. Date
7-Nov-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:

| <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 |

| <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 |

| <u>CRM Serial No.</u> | <u>Concentration</u> |
|-----------------------|----------------------|
| CC434668 | 800.0 ppm |
| CC234503 | 253.0 ppm |

| <u>CRM Serial No.</u> | <u>Concentration</u> |
|-----------------------|----------------------|
| 0056649 | 390.1 ppm |
| 0056662 | 150.2 ppm |

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2019.11.11 10:42:10 -06:00
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**

JARED B. RICHMOND

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 8/4/2021

NUMBER 210166

EXPIRES 8/4/2023

MO 580-0771 (6-10)

[Signature]

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]

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 RICHMOND, JARED
 Permit No 210166
 Date Issued 8/4/2021 Date Expires 8/4/2023

