

**RECEIVED**

By Tracy Crews at 8:11 am, Sep 03, 2021



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<br>500045  | NAME OF AGENCY<br>Missouri State Highway Patrol | DATE OF INSPECTION<br>09/01/2021 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>Pettis Co Jail, 333 S Lamine, Sedalia, MO 65301 |   | TIME OF INSPECTION<br>14:08:57   |

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>09/01/2021 14:09:00</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>45.6°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>AG024403</u> EXP. DATE <u>08/31/2022</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: 0.098 | TEST 3: 0.098 |
|---------------|---------------|---------------|

 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: 2 | .10-.14: 2 | .15-.19: 1 | OVER .19: 3 |
|-------------|----------|------------|------------|------------|-------------|

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)

This instrument is operating within the guidelines set forth by the Missouri Department of Health.

## INSPECTING OFFICER

|  |                                     |                                  |
|--|-------------------------------------|----------------------------------|
| SIGNATURE<br><i>Sgt. B.N. Comer #263</i> | PRINT FULL NAME<br>BENJAMIN N COMER |                                  |
| TYPE II PERMIT NUMBER<br>200065          | EXPIRATION DATE<br>01/21/2022       | TELEPHONE NUMBER<br>816-622-0800 |

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:** 2-Sep-2020

**Lot # AG024403 Model 108cacd**

**Exp. Date**

31-Aug-2022

**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.**

EB0010581  
EB0010570  
EB0010285  
EB0010561  
EB0010681

**Concentration**

392.1 ppm  
259.8 ppm  
208.0 ppm  
103.6 ppm  
52.12 ppm

**RGM Serial No.**

EB0010603  
EB0010559  
EB0010595  
EB0010562  
EB0010579

**Concentration**

393.0 ppm  
258.2 ppm  
208.3 ppm  
104.2 ppm  
52.81 ppm

**CRM Serial No.**

CC434668  
CC234503

**Concentration**

800.0 ppm  
253.0 ppm

**CRM Serial No.**

0056649  
0056662

**Concentration**

390.1 ppm  
150.2 ppm

**Analytical Method:**

NDIR

Digitally signed by Quality Control  
Date: 2020.09.02 19:09:33 -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

2

**PERMIT**  
**TYPE II**  
**BENJAMIN N COMER**

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 1/21/2020

NUMBER 200065

EXPIRES 1/21/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 COMER, BENJAMIN  
 Permit No 200065  
 Date Issued 1/21/2020    Date Expires 1/21/2022