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By Tracy Crews at 2:20 pm, Feb 01, 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 500049	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 01/27/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 107 S 11th St, Lexington, MO		TIME OF INSPECTION 20:56:49

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>01/27/2021 20:56:51</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER 48.7°C	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE 48.1°C	<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 INTOXIMETERS	LOT # <u>AG004403</u> EXP. DATE <u>02/13/2022</u>
<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN _____ SIM. NIST 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: 0.099	TEST 2: 0.099	TEST 3: 0.099
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST
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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)

SD CARD REPLACED

INSPECTING OFFICER	
SIGNATURE <i>M J Hanrahan</i>	PRINT FULL NAME MATTHEW J HANRAHAN
TYPE II PERMIT NUMBER 290089	EXPIRATION DATE 04/22/2021
	TELEPHONE NUMBER 816-622-0800

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



Amplas USA LLC (LAPB)
 6000 Airport Blvd
 Dallas, TX 75249
 Tel: (972) 992-1100
 Fax: (972) 992-1101

Certificate of Analysis

Test Date: 11/15/2008

Customer Name: [Redacted]
 Order No: 2087
 SI: [Redacted]

Lot # AG004403 Model 108accd

Exp. Date: 12/31/08
 Cyl. Type: 412
 Component: Ethanol
 Certified Concentration: 0.100 ± 2% BrAC (260 ppm)
 Nitrogen Balance

Certification: Compliant to N.J.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010561	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010275	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010691	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC41046	800.0 ppm	0056649	390.1 ppm
CC21067	253.0 ppm	0056662	150.2 ppm

Approved for Release: NDIR

Approved for Release

Rod Marsala
 Rod Marsala



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

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**PERMIT
 TYPE II**

MATTHEW HANRAHAN

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 4/22/2019

NUMBER 290089

EXPIRES 4/22/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 HANRAHAN, MATTHEW
Permit No 290089
Date Issued 4/22/2019 **Date Expires** 4/22/2021