



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
 BREATH ALCOHOL PROGRAM
INTOX DMT MAINTENANCE REPORT

RECEIVED
 By Tracy Crews at 8:23 am, Jul 12, 2021

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 500068	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 07/01/2021
LOCATION OF INSTRUMENT (STREET AND CITY) Christian Co S.O. - 110 W. Elm St., Ozark		TIME OF INSPECTION 07:46:31

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>07/01/2021 07:46:33</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>48.1°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
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG931605</u>	EXP. DATE <u>11/12/2021</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.

<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: <u>0.100</u>	TEST 2: <u>0.099</u>	TEST 3: <u>0.099</u>
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PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: <u>0</u>	<u>0</u> -04: <u>1</u>	<u>0</u> .05-09: <u>2</u>	<u>0</u> .10-14: <u>4</u>	<u>0</u> .15-19: <u>1</u>	OVER .19: <u>2</u>
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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)

JULY MAINTENANCE - TIME ADJUSTED +2.5 MINUTES

INSPECTING OFFICER

SIGNATURE <i>Tyler R Wright</i>	PRINT FULL NAME TYLER R WRIGHT	
TYPE II PERMIT NUMBER 200208	EXPIRATION DATE 07/14/2022	TELEPHONE NUMBER 417-895-6868

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

Certificate of Analysis

Customer Name

Exclusive Supplier
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 12-Nov-2019**Lot #** AG931605 **Model** 108cacd**Exp. Date**

12-Nov-2021

Cyl. Type

108

ComponentEthanol
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: 2019.11.13 10:27:30 -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



PERMIT
TYPE II
TYLER WRIGHT

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 7/14/2020

NUMBER 200208

EXPIRES 7/14/2022

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 **WRIGHT, TYLER**
 Permit No **200208**
 Date Issued **7/14/2020** Date Expires **7/14/2022**

