



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 500071	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 05/13/2021
LOCATION OF INSTRUMENT (STREET AND CITY) Maries County Sheriff's Department		TIME OF INSPECTION 09:00:22

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>05/13/2021 09:00:25</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.9°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>44.6°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS LOT # AG931104 EXP. DATE 11/07/2021

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: 0.099 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: 0 .05-.09: 0 .10-.14: 2 .15-.19: 3 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 **JEREMY R MCCURDY**

TYPE II PERMIT NUMBER **200312** EXPIRATION DATE **12/30/2022** TELEPHONE NUMBER **573-368-2345**

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

Airgas

Airgas USA LLC (LAB)
3500 Bernard Street
St Louis, Mo 63103
Ph: (314) 533 3100
Fax: (314) 533 7328

Certificate of Analysis

Test Date: 7 Nov 2017

Customer Name
Forklift Supplier
Instruments Inc
2081 Craig Road
St Louis, Mo 63146

Lot # AG931104 Model 108cadd

Exp. Date
7 Nov 2017

Cyl. Type
10B

Component
Ethanol
Nitrogen

Certified Concentration
0.100 ± 2% BAC (260 ppm)
Balance

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards.

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010563	393.0 ppm
EB0010570	253.8 ppm	EB0010559	254.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010541	103.6 ppm	EB0010562	104.2 ppm
EB0010641	52.12 ppm	EB0010579	52.81 ppm

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434648	800.0 ppm	0056649	798.1 ppm
CC234503	253.8 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Approved for Release: Rod Marsala
Rod Marsala

ISO 17025:2005 AZLA accredited Certificate Number 3082.06
ISO 17034:2016 AZLA accredited Certificate Number 3082.07



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

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**PERMIT
TYPE II**

JEREMY R. MCCURDY

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 12/30/2020

NUMBER 200312

EXPIRES 12/30/2022

MS-100 (01/15/10)

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

1-10-10-11

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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate Intox breath alcohol instrument for the determination of the alcoholic content of breath from a person in Missouri.

Operator **MCCURDY, JEREMY**
Permit No **200312**
Date Issued **12/30/2020** Date Expires **12/30/2022**

