

**RECEIVED**

By Tracy Crews at 12:19 pm, Aug 16, 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 <b>500071</b>	NAME OF AGENCY <b>Missouri State Highway Patrol</b>	DATE OF INSPECTION <b>08/11/2021</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>Maries County Sheriff's Department</b>		TIME OF INSPECTION <b>07:40:31</b>

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>08/11/2021 07:40:34</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>46.0°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>
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<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____	SIM. SN _____	SIM. NIST EXP DATE _____
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<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: 0.095	TEST 2: 0.095	TEST 3: 0.095
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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: 3	.10-.14: 0	.15-.19: 0	OVER .19: 0
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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)


**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME <b>JEREMY R MCCURDY</b>
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TYPE II PERMIT NUMBER <b>200312</b>	EXPIRATION DATE <b>12/30/2022</b>	TELEPHONE NUMBER <b>573-368-2345</b>
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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  
 Clinton, MA 01103  
 Tel: 413-231-3100  
 Fax: 413-231-1378

## Certificate of Analysis

Test Date: 7 Nov 2017

Customer Name  
 Technical Support  
 Information Systems Inc  
 7001 Craig Road  
 Clinton, MA 01106

Lot # AG931104 Model 108cacc

Exp. Date  
 7 Nov 2017

Cyl. Type  
 108

Component  
 Ethanol  
 Nitrogen

Gas Purity Concentration  
 0.100 ± 2% BxAC (260 ppm)  
 Balance

Certification Traceable to NIST RM8 and to CRM Ethanol Standards

<u>Batch Serial No</u>	<u>Concentration</u>	<u>CRM Serial No</u>	<u>Concentration</u>
E00010581	392.1 ppm	E00010583	393.0 ppm
E00010570	373.8 ppm	E00010550	376.7 ppm
E00010785	308.0 ppm	E00010595	308.7 ppm
E00010561	103.6 ppm	E00010567	104.7 ppm
E00010661	57.77 ppm	E00010579	52.81 ppm
<u>CRM Serial No</u>	<u>Concentration</u>	<u>CRM Serial No</u>	<u>Concentration</u>
CC430668	800.0 ppm	0056609	390.1 ppm
CC734503	353.0 ppm	0074067	150.7 ppm

Analysis Method

NDIR

Information for the Quality System  
 Control: 11/07/17 14:02:00  
 Information: 11/07/17 14:02:00  
 Information: 11/07/17 14:02:00

Approved for Release

*Rod Morata*  
 Rod Morata

ISO 17025:2005 AZLA accredited Certificate Number 3087 06  
 ISO 17034:2016 AZLA accredited Certificate Number 3087 07



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

**PERMIT  
TYPE II**

**JEREMY R. MCCURDY**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repair 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

*[Signature]*  
DIRECTOR OF STATE PUBLIC HEALTH ADMINISTRATION

*[Signature]*  
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 operator is authorized to operate all Intox EC/ALCOHOL 5000 instruments for the determination of the alcohol content of expired air from any person in Missouri.

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

