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By Tracy Crews at 8:39 am, Oct 07, 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 500087	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 10/05/2021
LOCATION OF INSTRUMENT (STREET AND CITY) Nevada Police Department		TIME OF INSPECTION 12:22:00

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>10/05/2021 12:22:02</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
<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 _____

<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: 0.101	TEST 3: 0.100
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS: 0	0-.04: 8	.05-.09: 0	.10-.14: 0	.15-.19: 0	OVER .19: 1

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 JASON W KREHBIEL	
TYPE II PERMIT NUMBER 200066	EXPIRATION DATE 01/21/2022	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



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

Certificate of Analysis

Test Date: 2-Sep-2020

Customer Name
 Exclusive Supplier
 Inoximeters, Inc.
 2081 Craig Road
 St. Louis, Mo 63146

Lot # AG024403 Model 108cad

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:

CRM Serial No.	RGM Serial No.	Concentration	Concentration	Analytical Method:
EB0010581	EB0010603	392.1 ppm	393.0 ppm	NDIR
EB0010570	EB0010559	259.8 ppm	258.2 ppm	
EB0010285	EB0010595	208.0 ppm	208.3 ppm	NDIR
EB0010561	EB0010562	103.6 ppm	104.2 ppm	
EB0010681	EB0010579	52.12 ppm	52.81 ppm	NDIR
CC434668	0056649	800.0 ppm	390.1 ppm	
CC234503	0056662	253.0 ppm	150.2 ppm	

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
 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



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
 KREHBIEL, JASON
 Permit No. 200066
 Date issued 1/21/2020 Date Expires 1/21/2022



LAH-4 (010 10)

MO 590 0771 (0-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

[Signature]

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]

EXPIRES 1/21/2022
 NUMBER 200066
 DATE 1/21/2020

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.

INTOX DMT

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

JASON W KREHBIEL
PERMIT
TYPE II

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

