

**RECEIVED**

By Tracy Crews at 8:40 am, Mar 08, 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>500089</b>	NAME OF AGENCY <b>Missouri State Highway Patrol</b>	DATE OF INSPECTION <b>02/18/2021</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>Bolivar P.D., 211 West Walnut, Bolivar</b>		TIME OF INSPECTION <b>09:19:59</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"/> <b>DIAGNOSTIC RECORD</b>	
DATE AND TIME <u>02/18/2021 09:20:01</u>	<input checked="" type="checkbox"/> <b>DETECTOR</b>
<input checked="" type="checkbox"/> <b>PROGRAM</b>	<input checked="" type="checkbox"/> <b>FILTER 1</b>
<input checked="" type="checkbox"/> <b>SAMPLE CHAMBER 48.7°C</b>	<input checked="" type="checkbox"/> <b>FILTER 2</b>
<input checked="" type="checkbox"/> <b>BREATH TUBE 42.9°C</b>	<input checked="" type="checkbox"/> <b>FILTER 3</b>
<input checked="" type="checkbox"/> <b>PUMP</b>	<input checked="" type="checkbox"/> <b>INTERNAL STANDARD</b>

<b>BREATH ANALYZER ACCURACY STANDARDS</b>	
<input type="checkbox"/> <b>SIMULATOR STANDARD</b>	<input checked="" type="checkbox"/> <b>COMPRESSED ETHANOL-GAS MIXTURE</b>
<input checked="" type="checkbox"/> <b>STANDARD SUPPLIER INTOXIMETERS</b>	LOT # <u>AG011501</u> EXP. DATE <u>04/24/2022</u>
<input type="checkbox"/> <b>SIMULATOR TEMP (34°C ± 0.2°C)</b>	SIM. SN _____ SIM. NIST EXP DATE _____

<input checked="" type="checkbox"/> <b>CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b> 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"/> <b>0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</b>
<input type="checkbox"/> <b>0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</b>
<input type="checkbox"/> <b>0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</b>

TEST 1: 0.099	TEST 2: 0.100	TEST 3: 0.099
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<input checked="" type="checkbox"/> <b>PERFORM R.F.I. TEST</b>
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<b>INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:</b>					
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)

standard change new dry gas bottle.

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT FULL NAME <b>JOSHUA L WHITE</b>
TYPE II PERMIT NUMBER <b>200042</b>	EXPIRATION DATE <b>01/07/2022</b>
	TELEPHONE NUMBER <b>417-895-6868</b>

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

Missouri State Highway Patrol  
INTOX dmt: 500089

Date: 02/18/2021  
Time: 09:15:18

OPERATOR NAME:  
JOSHUA L WHITE  
PERMIT NUMBER: 200042  
EXPIRATION DATE: 01/07/2022

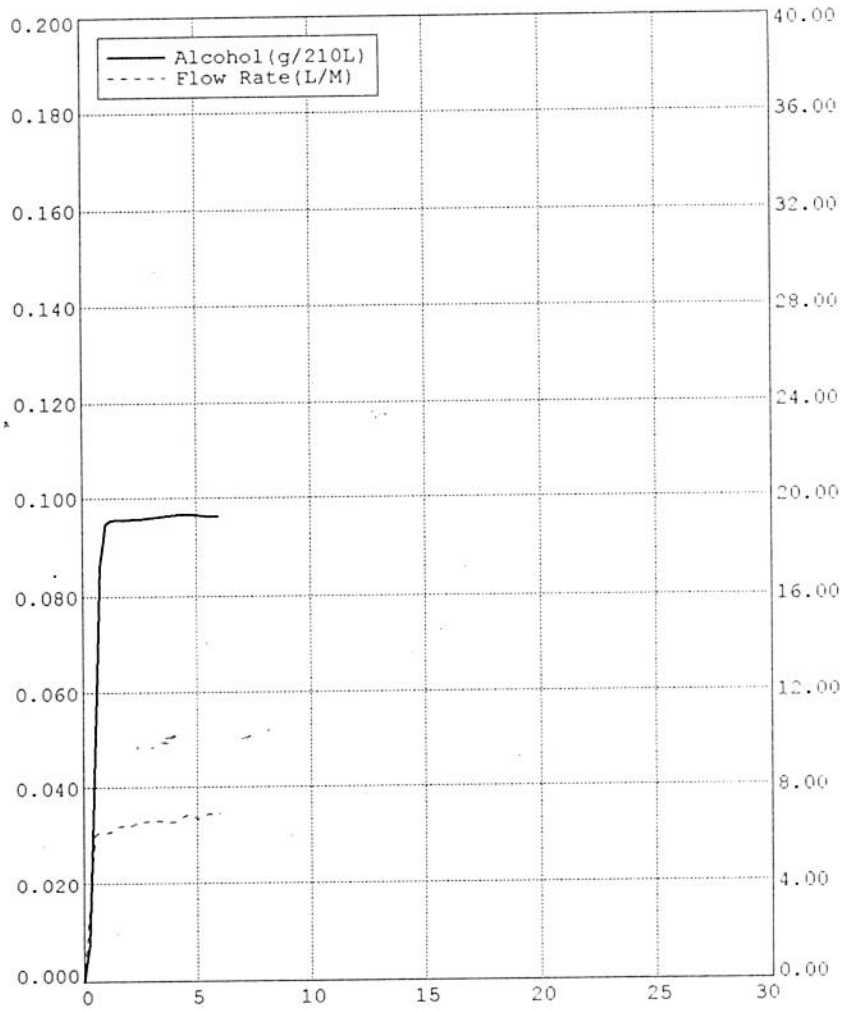
LOT #: AG011501  
SUPPLIER: INTOXIMETERS  
EXPIRATION: 04/24/2022  
SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION  
CONCENTRATION: 0.100  
TARGET: 0.097

BLANK TEST	0.000	09:16
INTERNAL STANDARD	VERIFIED	09:16
EXTERNAL STANDARD	0.098	09:16
BLANK TEST	0.000	09:17

Average = 0.0980  
Std Dev = 0.0000  
Spread = 0.0000

*Josh L White*





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

## Certificate of Analysis

**Test Date:** 28-Apr-2020

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

**Lot # AG011501 Model 108cacd**

<b>Exp. Date</b>	<b>Cyl. Type</b>	<b>Component</b>	<b>Certified Concentration</b>
24-Apr-2022	108	Ethanol Nitrogen	0.100 ± 2% BrAC (260 ppm) Balance

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

<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

**Analytical Method:** NDIR

Digitally signed by Quality Control  
 Date: 2020.04.28 18:14:39 -05:00  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)

**Approved for Release:**                     *Rod Marsala*                      
 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

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**PERMIT**  
**TYPE II**  
**JOSHUA L WHITE**

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**

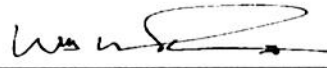
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 1/7/2020

NUMBER 200042

EXPIRES 1/7/2022

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 WHITE, JOSHUA  
 Permit No 200042  
 Date Issued 1/7/2020 Date Expires 1/7/2022

