



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 500174	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 05/02/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 519 North Grand Ave., Houston, MO (Texas Co Jail)		TIME OF INSPECTION 16:35:28

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>05/02/2021 16:35:30</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>47.9°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 # AG004403 EXP. DATE 02/13/2022

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: 0.100	TEST 2: 0.099	TEST 3: 0.099
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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: 1	0-.04: 5	.05-.09: 0	.10-.14: 1	.15-.19: 1	OVER .19: 2
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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 JASON L SENTMAN	
TYPE II PERMIT NUMBER 200118	EXPIRATION DATE 03/03/2022	TELEPHONE NUMBER 417-469-3121

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

Customer Name

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

Test Date: 17-Feb-2020

Lot # AG004403 Model 108cadd

Exp. Date

13-Feb-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:

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: 2020.02.18 10:32:01 -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
MICHAEL T WEAKLEY

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 1/22/2020

NUMBER 200071

EXPIRES 1/22/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 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 WEAKLEY, MICHAEL
Permit No 200071
Date Issued 1/22/2020 **Date Expires** 1/22/2022



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

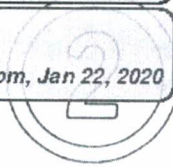
APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

RECEIVED

By Tracy Crews at 10:10 am, Jan 22, 2020

APPROVED

By Stephen Wilson at 12:08 pm, Jan 22, 2020



THIS APPLICATION IS FOR <input type="checkbox"/> NEW PERMIT <input checked="" type="checkbox"/> RENEWAL		CURRENT PERMIT NUMBER AND EXPIRATION DATE 280156 03/22/2020	
PRINT FULL NAME Michael T. Weakley		TITLE Corporal	AGE 37
[REDACTED]		A disclosure concerning your SSN number is available at: http://www.health.mo.gov/lab/breathalcohol/	
DEPARTMENT OR TROOP MSHP Troop G		TELEPHONE (417) 469-3121	
BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE) 1226 West Business 60/63 Willow Springs, Missouri 65793			
EMAIL ADDRESS michael.weakley@mshp.dps.mo.gov			

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A CHECKMARK BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
2008	MSHP LEA	27	Datamaster	<input type="checkbox"/>	Cummings
2013	MSHP LEA	57	Datamaster	<input type="checkbox"/>	Carver
2014	MSHP LEA	12	Intox DMT	<input checked="" type="checkbox"/>	Carver
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. Intox DMT	24 OK SGW	4 5 SELF-TESTS OK SGW
2.		
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT CPL. M.T. WEAKLEY #1144	DATE 01/03/2020
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RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901

1-8-20 Sent to Brian Lutmer at