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By Tracy Crews at 10:08 am, Aug 09, 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 500183	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 08/07/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 109 North Second Street, Owensville		TIME OF INSPECTION 01:06:01

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>08/07/2021 01:06:03</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>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>AG931104</u> EXP. DATE <u>11/07/2021</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: 0.098	TEST 2: 0.099	TEST 3: 0.099
<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: 0	.05-.09: 4	.10-.14: 2	.15-.19: 2	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 <i>Tracy A. J. O'Brien</i>	PRINT FULL NAME ANDREW J OBRIEN	
TYPE II PERMIT NUMBER 210080	EXPIRATION DATE 04/21/2023	TELEPHONE NUMBER 573-751-1000

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) 593-9100
 Fax: (314) 593-1100

Certificate of Analysis

Customer Name
Exclusive Supplier
 Intoximeters, Inc.
 3051 Craig Road
 St. Louis, Mo. 63146

Test Date: 1-Nov-2019

Lot # AG931104 Model 108cccd

<u>Exp. Date</u> 7-Nov-2021	<u>Cyl. Type</u> 105	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.100 ± 0.005% AC, (250 ppm) Balance
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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	358.2 ppm
EB0010285	208.0 ppm	EB0010595	308.3 ppm
EB0010561	103.6 ppm	EB0010562	194.2 ppm
EB0010681	52.12 ppm	EB0010579	52.84 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC-434668	800.0 ppm	0056649	350.1 ppm
CC-234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Quality Control, Quality Center
 Date: 2019-11-11 15:42:16 -0500
 Method: D:\y\p\l\m\2019-11-11\method\m108cccd
 Location: Airgas-DATC-0100

Approved for Release: _____

Rod Mersala
 Rod Mersala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.35
 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



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



PERMIT
TYPE II
ANDREW J. O'BRIEN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service, and maintain 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 **4/21/2021**

NUMBER **210080**

EXPIRES **4/21/2023**

ISSUED BY:

James S. ...
DIRECTOR OF STATE POLICE

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

INSTRUMENT OPERATOR CARD

This permit authorizes the holder to operate and maintain breath analyzers and to instruct and supervise operators of these analyzers in the program for the enforcement of Missouri law.

Operator: O'BRIEN ANDREW
Permit No: 210080
Date Issued: 4/21/2021 Date Expires: 4/21/2023