



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>500200</b>	NAME OF AGENCY <b>Missouri State Highway Patrol</b>	DATE OF INSPECTION <b>01/21/2021</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>1977 Cabin Drive Suite 208, Van Buren, MO</b>		TIME OF INSPECTION <b>08:31:47</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.

**DIAGNOSTIC RECORD**

DATE AND TIME <u>01/21/2021 08:31:49</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**

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: **0.101**      TEST 2: **0.100**      TEST 3: **0.100**

**PERFORM R.F.I. TEST**

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0	0-.04: 2	.05-.09: 1	.10-.14: 0	.15-.19: 1	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)

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**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME <b>THOMAS W MEYER</b>
TYPE II PERMIT NUMBER <b>200244</b>	EXPIRATION DATE <b>09/08/2021</b>
	TELEPHONE NUMBER <b>417-469-3121</b>

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 Pines  
St. Louis, MO 63111  
Tel: 314-991-1000  
Fax: 314-991-1001

## Certificate of Analysis

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

**Test Date** 02/18/2022

**Lot #** AG004403 **Model** 108cadd

**Exp. Date**  
13-Feb-2022

**Cyl. Type**  
108

**Component**  
Ethanol  
Nitrogen

**Certified Concentration**  
0.100000 (99.9999%)  
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	208.2 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.05 ppm

  

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0056649	390.2 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

**Analytical Method:** NDIR

Digitally signed by Quality Control  
Date: 2022.02.18 10:32:01 -06:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Approved for Release: \_\_\_\_\_

*Bob M...*  
Bob M...

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**

**THOMAS W. MEYER**

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

**ALCO-SENSOR IV WITH PRINTER, INTOX DMII**

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 9/8/2020

NUMBER 200244

EXPIRES 9/8/2022

MO SRS 07/1 (5 10)

*[Signature]*  
DIRECTOR OF STATE LABOR RELATIONS

*[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 cardholder is authorized to operate an evidential breathalyzer instrument for the determination of the alcoholic content of breath from a person in Missouri.

Operator **MEYER, THOMAS**  
Permit No **200244**  
Date issued **9/8/2020**    Date Expires **9/8/2022**

