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By Tracy Crews at 10:02 pm, Apr 23, 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 500200	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 04/19/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 1977 Cabin Drive Suite 208, Van Buren, MO		TIME OF INSPECTION 16:29:24

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>04/19/2021 16:29:26</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
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG004403</u>	EXP. DATE <u>02/13/2022</u>
<input type="checkbox"/> 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: 0.101	TEST 3: 0.101
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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: 0	0-.04: 0	.05-.09: 2	.10-.14: 0	.15-.19: 0	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)

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME THOMAS W MEYER
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TYPE II PERMIT NUMBER 200244	EXPIRATION DATE 09/08/2022	TELEPHONE NUMBER 417-469-3121
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RETURN COMPLETED REPORT TO THE
Breath Alcohol Program, Missouri Department of Health and Senior Services
by mail, fax, or email

Airgas

Certificate of Analysis

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

Analysis Date
Time
Location

Test Unit

Lot # AG004403 Model 108, anal

Exp. Date
13-Feb-2022

Cyl. Type
108

Component
Ethanol
Nitrogen

Certified
Ethanol
Nitrogen

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

<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010581	392.1 ppm
EB0010570	259.8 ppm
EB0010285	208.0 ppm
EB0010561	103.6 ppm
EB0010681	52.12 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm
CC234503	253.0 ppm

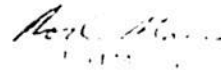
<u>RGM Serial No.</u>
EB0010603
EB0010559
EB0010595
EB0010562
EB0010579

<u>CRM Serial No.</u>
0056649
0056662

Analytical Method: NDIR

Digitally signed by Quality Center
Date: 2020.02.18 10:33:01 -06:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC, IL, USA

Approved for Release: _____



ISO 17025:2005 A2LA accredited. Certificate Number 7082.01.
ISO 17034:2016 A2LA accredited. Certificate Number 108.02



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, maintain 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 is valid for the following model numbers: 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo

DATE 9/8/2020

NUMBER 200244

EXPIRES 9/8/2022

MOI AL 271145 152

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

 DIRECTOR OF BREATH ALCOHOL PROGRAM

STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD

The named operator is authorized to operate the following instrument(s) for the determination of the alcoholic content of blood from a sample of expired air in Missouri.

Operator MEYER, THOMAS
 Permit No. 200244
 Date Issued 9/8/2020 Date Expires 9/8/2022

