



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

RECEIVED

By Tracy Crews at 11:26 am, Dec 16, 2021

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 500223 | NAME OF AGENCY Cape Girardeau PD | DATE OF INSPECTION 12/06/2021 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 2530 Maria Louise Ln. | | TIME OF INSPECTION 12:52:03 |

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>12/06/2021 12:52:06</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 |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u> | LOT # <u>AG106803</u> EXP. DATE <u>03/09/2023</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: 0.077 | TEST 2: 0.076 | TEST 3: 0.076 |
| <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: 1 | 0-.04: 10 | .05-.09: 0 | .10-.14: 0 | .15-.19: 8 | OVER .19: 2 |
|-------------|-----------|------------|------------|------------|-------------|

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)

Maintenance

INSPECTING OFFICER

| | |
|--|--|
| SIGNATURE | PRINT FULL NAME JACOB W MARBERRY |
| TYPE II PERMIT NUMBER 200275 | EXPIRATION DATE 11/05/2022 |
| | TELEPHONE NUMBER 573-335-6621 |

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: 9-Mar-2021

Lot # AG106803 Model 108cacc

| | | | |
|--------------------------------|-------------------------|---|---|
| <u>Exp. Date</u> 9-Mar-2023 | <u>Cyl. Type</u> 108 | <u>Component</u> Ethanol Nitrogen | <u>Certified Concentration</u> 0.080 ± 0.002 BrAC (208 ppm) Balance |
|--------------------------------|-------------------------|---|---|

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

| | | | |
|--|---|--|---|
| <u>RGM Serial No.</u> EB0010581 EB0010570 EB0010285 EB0010561 EB0010681 | <u>Concentration</u> 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm | <u>RGM Serial No.</u> EB0010603 EB0010559 EB0010595 EB0010562 EB0010579 | <u>Concentration</u> 393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm |
| <u>CRM Serial No.</u> CC727481 CC727496 | <u>Concentration</u> 800.0 ppm 253.0 ppm | <u>CRM Serial No.</u> CC727493 CC727498 | <u>Concentration</u> 390.0 ppm 150.0 ppm |

Analytical Method: NDIR

Approved for Release: _____

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
JACOB W. MARBERRY

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 11/5/2020

NUMBER 200275

EXPIRES 11/5/2022

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 MARBERRY, JACOB
Permit No 200275
Date Issued 11/5/2020 **Date Expires** 11/5/2022

