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By Tracy Crews at 8:00 am, Jun 29, 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<br>500252  | NAME OF AGENCY<br>Cameron Police Department | DATE OF INSPECTION<br>06/23/2021 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>101 North Chestnut, Cameron, Missouri 64429 |   | TIME OF INSPECTION<br>03:52:38   |

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>06/23/2021 03:52:40</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 # AG931603 EXP. DATE 11/12/2021

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: 0.078      TEST 2: 0.078      TEST 3: 0.078

PERFORM R.F.I. TEST

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

|             |          |            |            |            |             |
|-------------|----------|------------|------------|------------|-------------|
| REFUSALS: 1 | 0-.04: 1 | .05-.09: 0 | .10-.14: 0 | .15-.19: 1 | 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 PRINT FULL NAME **JAMES C PROCTOR**

TYPE II PERMIT NUMBER **210046** EXPIRATION DATE **03/16/2023** TELEPHONE NUMBER **816-632-6521**

RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BLOOD ALCOHOL TEST REPORT - INTOX DMT

FORM #11

|   |                                    |                             |  |                          |
|---|------------------------------------|-----------------------------|--|--------------------------|
| LOCATION OF INSTRUMENT<br>101 North Chestnut, Cameron, Missouri | INSTRUMENT SERIAL NUMBER<br>500252 | DATE OF TEST<br>06/23/2021  | TIME OBSERVATION PERIOD STARTED<br>03:45 | TIME OF TEST<br>04:03:14 |
| SUBJECT NAME<br>MONTHLY TEST                                    |                                    |                             | DATE OF BIRTH<br>06/23/2021              |                          |
| SUBJECT DRIVER'S LICENSE NUMBER<br>010101                       |                                    |                             | STATE<br>MO                              |                          |
| ARRESTING OFFICER<br>JAMES C PROCTOR                            |                                    | ARRESTING OFFICER ID<br>107 |  |                          |
| OPERATOR<br>JAMES C PROCTOR                                     |                                    | OPERATOR PERMIT<br>210046   | PERMIT EXP DATE<br>03/16/2023            |                          |
| OBSERVER<br>JAMES C PROCTOR                                     |                                    | OBSERVER PERMIT<br>210046   | PERMIT EXP DATE<br>03/16/2023            |                          |

**OPERATIONAL CHECKLIST: INTOX DMT**

- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by JAMES C PROCTOR. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.
- 3. Assure that the power switch is ON and the screen is displaying "Ready <Push Run>".
- 4. Press the Run button on the display screen.
- 5. Enter subject and officer information.
- 6. When display reads "Please Blow" and gives audible beep, insert mouthpiece and take the subject's breath sample.

**SUBJECT TEST RESULTS**

|                            |          |       |
|----------------------------|----------|-------|
| BLANK TEST                 | 0.000    | 04:04 |
| INTERNAL STANDARD          | VERIFIED | 04:04 |
| SUBJECT SAMPLE (Vol=2.04L) | 0.000    | 04:04 |
| BLANK TEST                 | 0.000    | 04:05 |

COMMENTS

**CERTIFICATION BY OPERATOR**

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

BAC: 0.000

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.

|                           |                    |
|---------------------------|--------------------|
| SIGNATURE OF OPERATOR<br> | DATE<br>06/23/2021 |
| WITNESS (IF ANY)          | DATE<br>06/23/2021 |



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:** 12-Nov-2019

**Lot # AG931603 Model 108cccd**

| <u>Exp. Date</u> | <u>Cyl. Type</u> | <u>Component</u>    | <u>Certified Concentration</u>          |
|------------------|------------------|---------------------|---|
| 12-Nov-2021      | 108              | Ethanol<br>Nitrogen | 0.080 ± 0.002 BrAC (208 ppm)<br>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             | 208.3 ppm            |
| EB0010561             | 103.6 ppm            | EB0010562             | 104.2 ppm            |
| EB0010681             | 52.12 ppm            | EB0010579             | 52.81 ppm            |

  

| <u>CRM Serial No.</u> | <u>Concentration</u> | <u>CRM Serial No.</u> | <u>Concentration</u> |
|-----------------------|----------------------|-----------------------|----------------------|
| CC434668              | 800.0 ppm            | 0056649               | 390.1 ppm            |
| CC234503              | 253.0 ppm            | 0056662               | 150.2 ppm            |

**Analytical Method:** NDIR

Digitally signed by Quality Control  
 Date: 2019.11.13 10:21:47 -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

2

**PERMIT**  
**TYPE II**  
**JAMES C. PROCTOR**

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 3/16/2021

NUMBER 210046

EXPIRES 3/16/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (6-10)

LAB-4 (16-10)

 **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 PROCTOR, JAMES  
 Permit No 210046  
 Date Issued 3/16/2021 Date Expires 3/16/2023

