

**RECEIVED**

By Tracy Crews at 12:01 pm, May 03, 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 <b>500279</b>	NAME OF AGENCY <b>Columbia PD</b>	DATE OF INSPECTION <b>04/18/2021</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>600 E. Walnut Columbia</b>		TIME OF INSPECTION <b>07:34:50</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>04/18/2021 07:34:52</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>44.4°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 _____

 **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: 0.102	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: 1	.05-.09: 1	10-.14: 0	.15-.19: 0	OVER .19: 1
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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)

monthly maintenance

**INSPECTING OFFICER**

SIGNATURE <i>Mark D. Hoehne</i>	PRINT FULL NAME <b>MARK D HOEHNE</b>	
TYPE II PERMIT NUMBER <b>200187</b>	EXPIRATION DATE <b>06/15/2022</b>	TELEPHONE NUMBER <b>573-874-7585</b>

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

Test Date: 9 Nov 2019

Customer Name  
Exclusive Supplier  
Toximeters, Inc.  
681 Craig Road  
St. Louis, Mo 63146

Lot # AG931104 Model 108caccd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
Nov 2021	108	Ethanol	0.100 ± 2% BrAC (260 ppm)
		Nitrogen	Balance

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

<u>GM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
B0010581	392.1 ppm	E10010501	393.0 ppm
B0010570	259.6 ppm	E10010539	258.2 ppm
B0010285	208.0 ppm	E10010505	208.3 ppm
B0010561	103.6 ppm	E10010502	104.2 ppm
B0010681	52.12 ppm	E10010521	52.81 ppm

  

<u>RM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
C434568	800.0 ppm	0058648	390.1 ppm
C234503	253.0 ppm	0058662	150.2 ppm

Analytical Method: NDIR

Log only signed by authorized user:  
09/09/2019 11:11:02 AM - 30820  
Transfer Dry to test kit for ethanol analysis  
Location: Area 1125-1125-1125

Approved for Release: \_\_\_\_\_  
*Rod Marsala*  
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06  
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07

STATE OF MISSOURI

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

# ALCO-SENSOR IV WITH PRINTER, INTOX DMT

for the determination of the alcohol's content of blood from a sample of expired air. Permit issued under the provisions of sections 20.020 through 20.041, RSMo and 306.111 through 306.119 RSMo

Permit No. 6715/2020

Model 200197

Permit No. 6715/2022

*James Yeaman*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[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 permit holder must be trained in the use of the instrument and must follow the instructions for the determination of the alcohol content in breath liquid samples in Missouri.

Operator: **HORFMEYER MARK**  
Permit No: **200197**  
Date of Issue: **6/15/2020** Date Expires: **6/15/2022**

