

RECEIVED

By Tracy Crews at 9:21 am, Jan 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 500292	NAME OF AGENCY Cabool Police Department	DATE OF INSPECTION 01/28/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 510 Cedar Street, Cabool, MO.	TIME OF INSPECTION 09:02:31
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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 RECORDDATE AND TIME 01/28/2021 09:02:34 DETECTOR PROGRAM FILTER 1 SAMPLE CHAMBER 48.8°C FILTER 2 BREATH TUBE 46.7°C FILTER 3 PUMP INTERNAL STANDARD**BREATH ANALYZER ACCURACY STANDARDS** SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE STANDARD SUPPLIER REPCO LOT # 19002 EXP. DATE 10/16/2021 SIMULATOR TEMP (34°C ± 0.2°C) 34.0 SIM. SN DR5384 SIM. NIST EXP DATE 09/30/2021

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: 0.100

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: 1

0-.04: 0

.05-.09: 1

.10-.14: 3

.15-.19: 0

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)

Checked within DHSS Specifications

INSPECTING OFFICER

SIGNATURE

PRINT FULL NAME

WALTER L DARTER

TYPE II PERMIT NUMBER
290066EXPIRATION DATE
03/13/2021TELEPHONE NUMBER
417-962-3993

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

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing Co.

LOT NUMBER: 19002

EXPIRATION DATE: October 16, 2021 at 11:59 p.m.

RepCo Marketing Co. certifies the following:


RepCo Marketing Co. prepared, tested and supplied Lot Number 19002 of Alcohol Certified Solution for simulators. This solution was manufactured and tested by RepCo Marketing Co., with confirmation by ISO 17025 and ISO 17034 accredited institution Alcohol Countermeasure Systems, using NIST standards. Random samples were analyzed by Alcohol Countermeasure Systems utilizing a gas chromatograph and found to contain .1231 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

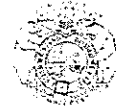
The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of .100 +/- 3% gms/210L breath when heated to 34 Degrees Celsius +/- 0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is October 17, 2019 The expiration date for this lot number is October 16, 2021 at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.


Alma Palmer, Operations Manager
RepCo Marketing Co.



SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: DR5384 Manufacturer: Guth
 Model Number: 2100
 Agency: CABOOL PD
 Agency Address: 510 CEDAR ST, CABOOL, MO 65689

NIST THERMOMETER INFORMATION

Serial Number: 17KMM00689 Bias: 0.00
 Uncertainty: 0.02
 Date of Certification: 1/23/2020 Date of Expiration: 1/23/2021

ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

VERIFICATION RESULTS

<u>Simulator Average</u>	<u>NIST Average</u>	<u>Combined Uncertainty</u>
34.00	34.00	.02

The combined uncertainty is calculated with a k=2 value.

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 9/30/2020
 Certification Expiration: 9/30/2021
 Simulator testing technician: M. BOND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER
 Certification No: DR5384_9302020

X

DHSS BAP Scientist Approving



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

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PERMIT
 TYPE II

WALTER L DARTER

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 3/13/2019

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290066

EXPIRES 3/13/2021

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 590 0771 (5-10)

LAB-4 (R5-10)

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 DARTER, WALTER
 Permit No 290066
 Date Issued 3/13/2019 Date Expires 3/13/2021