

By Tracy Crews at 8:16 am, May 23, 2022



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 month Complete this report whenever the instrument is serv	riced or repaired and whene	ver it is placed into service.		
Retain the original and send a copy within 15 days to	the Breath Alcohol Progran			
INTOX DMT SN NAME OF AGENCY Neosho Police Department			22	
LOCATION OF INSTRUMENT (STREET AND CITY) 201 North College St, Neosho MO			CTION	
CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be	if found to be satisfactory or corrected before using instr	is operating within established ument.	limits. (Write in observed	
☑ DIAGNOSTIC RECORD				
DATE AND TIME05/09/2022 09:00:36 DETECTOR				
☑ PROGRAM ☑ FILTER 1				
SAMPLE CHAMBER 48.7°C				
☑ BREATH TUBE 44.9°C ☑ FILTER 3				
☑ PUMP	X INT	ERNAL STANDARD		
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD	☑ CO	MPRESSED ETHANOL-GAS	MIXTURE	
☐ STANDARD SUPPLIER INTOXIMETER	LOT#_AG130)104 EXP. D	ATE 10/28/2023	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXI	P 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: 0.100	ST 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: 0 004: 2 .05	509: 0 .101	4: 0 .1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICAL ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ATION THAT WAS MADE TO RESTORE	THE INSTRUMENT TO OPERATE SATISFA	ACTORILY AND WITHIN	
INSPECTING OFFICER	Maria Caracteria	Control March		
SIGNATURE TYPE II PERMIT NUMBER		ULL NAME TH J BRUMFIELD TELEPHONE NUMBER		
210138	07/07/2023	417-451-8012		
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email				

STANDARD CHANGE

Neosho Police Department

INTOX dmt: 500015

Date: 12/13/2021 Time: 08:16:06

OPERATOR NAME: KEITH J BRUMFIELD PERMIT NUMBER: 210138

EXPIRATION DATE: 07/07/2023

LOT #: AG130104

SUPPLIER: INTOXIMETER EXPIRATION: 10/28/2023 SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION CONCENTRATION: 0.100

TARGET: 0.097

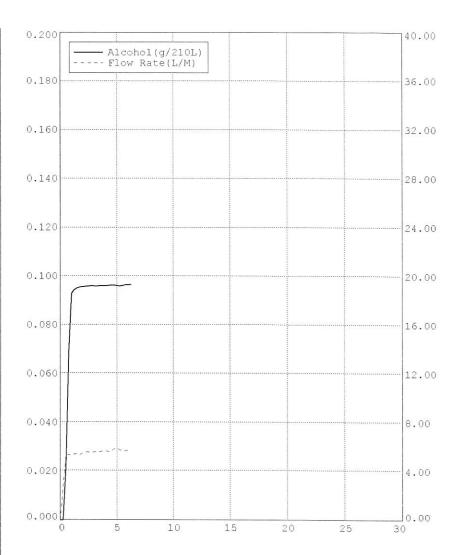
 BLANK TEST
 0.000
 08:17

 INTERNAL STANDARD
 VERIFIED
 08:17

 EXTERNAL STANDARD
 0.097
 08:17

 BLANK TEST
 0.000
 08:18

Average = 0.0970 Std Dev = 0.0000 Spread = 0.0000



K Bropled



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: 1-Nov-2021

Lot # AG130104 Model 108

Exp Date 28-Oct-2023 Cyl. Type 108 Component

Certified Concentration

0.100 ± 2% BrAC (260 ppm)

Ethanol

Nitrogen

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
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

 CRM Serial No.
 Concentration
 CRM Serial No.
 Concentration

 CC434668
 800.0 ppm
 0056649
 390.1 ppm

 CC234503
 253.0 ppm
 0056662
 150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:11.05.2021 11:46

Approved for Release:

Rod Marsala

ISO 17025:2017 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 KEITH J. BRUMFIELD

and operate the following breath analyzer(s):	s, train instructors, inspect, calibrate, perform field service and repair			
IN	TOX DMT			
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of section 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.				
DATE	Lama & Day			
NUMBER 210138	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
EXPIRES 7/7/2023	DIRECTOR OF DEPARTMENT OF HEALTHAND SERVICE ATTIL			
MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB-4 (R6-10			



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 BRUMFIELD, KEITH Permit No 210138

Date Issued 7/7/2021

Date Expires 7/7/2023

