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By Tracy Crews at 1:56 pm, Dec 01, 2022



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

210138	07/07/2023	417-451-8012 buri Department of Health and Ser	nior Sonicos
	1 07/07/2023	1 417-451-8012	
TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER	
K R LED		FULL NAME TITH J BRUMFIELD	
INSPECTING OFFICER SIGNATURE		EULI NAME	THE RESERVE OF THE PERSON NAMED IN
ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)			
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICA	8 77 5 79 0	14: 1 .1519: 0 E THE INSTRUMENT TO OPERATE SATISFACT	OVER .19: 0
INDICATE THE NUMBER OF BREATH TESTS II	N THE FOLLOWING BA	NGES SINCE THE LAST MAIN!	TENANCE DEDODT:
☑ PERFORM R.F.I. TEST		1.231 0.0.10	-
The second of the second secon	ST 2: 0.100	TEST 3: 0.10	00
☐ 0.04% STANDARD - MUST READ BET			
☐ 0.08% STANDARD - MUST READ BET			
of .005 or less. Mark the box corresponding to t ☑ 0.10% STANDARD - MUST READ BET	the standard being used.		, may an and a small
CALIBRATION CHECK - (ONLY ONE STAND Run three tests using a standard. All three tests	OARD IS TO BE USED P must be within ±5% of the	ER MAINTENANCE REPORT) standard value and must have a s	pread
SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP	
STANDARD SUPPLIER INTOXIMETER	LOT#_AG1		TE_10/28/2023
☐ SIMULATOR STANDARD	□ Co □ C	DMPRESSED ETHANOL-GAS M	IXTURE
BREATH ANALYZER ACCURACY STANDARDS	3		
☑ PUMP	⊠ IN	TERNAL STANDARD	
☑ BREATH TUBE 41.8°C	☑ FI	LTER 3	v
SAMPLE CHAMBER 48.8°C ■ 48.8°C	_ 🖾 FI	_TER 2	
☑ PROGRAM	☑ FI	TER 1	
DATE AND TIME <u>12/01/2022 08:49:22</u>	□ DE	ETECTOR	
☑ DIAGNOSTIC RECORD			
values where determined). Unmarked items must be	corrected before using ins	trument.	Tills. (VVIIte III opserved
CHECKLIST: Place a mark in the box by each item	if found to be satisfactory		nits (Write in observed
LOCATION OF INSTRUMENT (STREET AND CITY) 201 North College St, Neosho MO		TIME OF INSPECTION 08:49:20	N
NAME OF AGENCY 500015 NAME OF AGENCY Neosho Police Department		DATE OF INSPECTI 12/01/2022	
Retain the original and send a copy within 15 days to	the Breath Alcohol Progra	am, DHSS.	
Complete this report at the time of the regular month Complete this report whenever the instrument is serv Retain the original and send a copy within 15 days to	viced or repaired and when	ever it is placed into service.	

STANDARD CHANGE

Neosho Police Department

INTOX dmt: 500015

Date: 12/13/2021

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

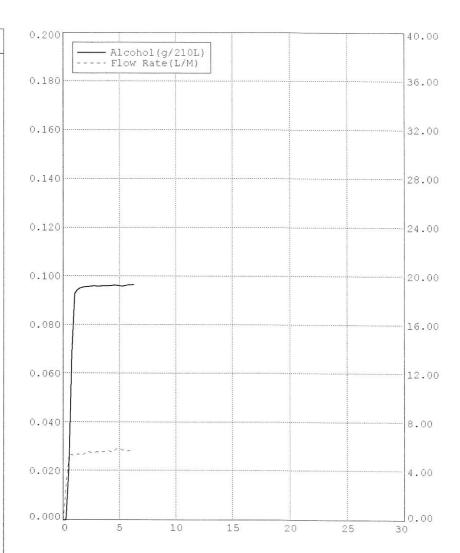
 BLANK TEST
 0.000
 08:17

 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 Buplo



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

Component

Certified Concentration

23 108

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

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
			8.8

 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

Roll Marsila

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

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.				
NUMBER 210138	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
EXPIRES 7/7/2023	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES			
MO 580-0771 (6-10)	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.

Permit No

BRUMFIELD, KEITH 210138

Date Expires 7/7/2023 Date Issued 7/7/2021

