



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>500062</b>	NAME OF AGENCY <b>Missouri State Highway Patrol</b>	DATE OF INSPECTION <b>12/07/2022</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>511 West Clay, Rock Port</b>		TIME OF INSPECTION <b>09:25:29</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>12/07/2022 09:25:32</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>47.9°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 # AG215701 EXP. DATE 06/06/2024

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: **0.100** 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: 0	0-.04: <b>24</b>	.05-.09: 0	.10-.14: 0	.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)

---



---



---



---



---

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME <b>JAMES C ACREE</b>
TYPE II PERMIT NUMBER <b>220147</b>	EXPIRATION DATE <b>05/25/2024</b>
	TELEPHONE NUMBER <b>816-387-2345</b>

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

STANDARD CHANGE

-----  
Missouri State Highway Patrol  
INTOX dmt: 500062  
-----

Date: 12/07/2022  
Time: 09:21:11

OPERATOR NAME:  
JAMES C ACREE  
PERMIT NUMBER: 220147  
EXPIRATION DATE: 05/25/2024

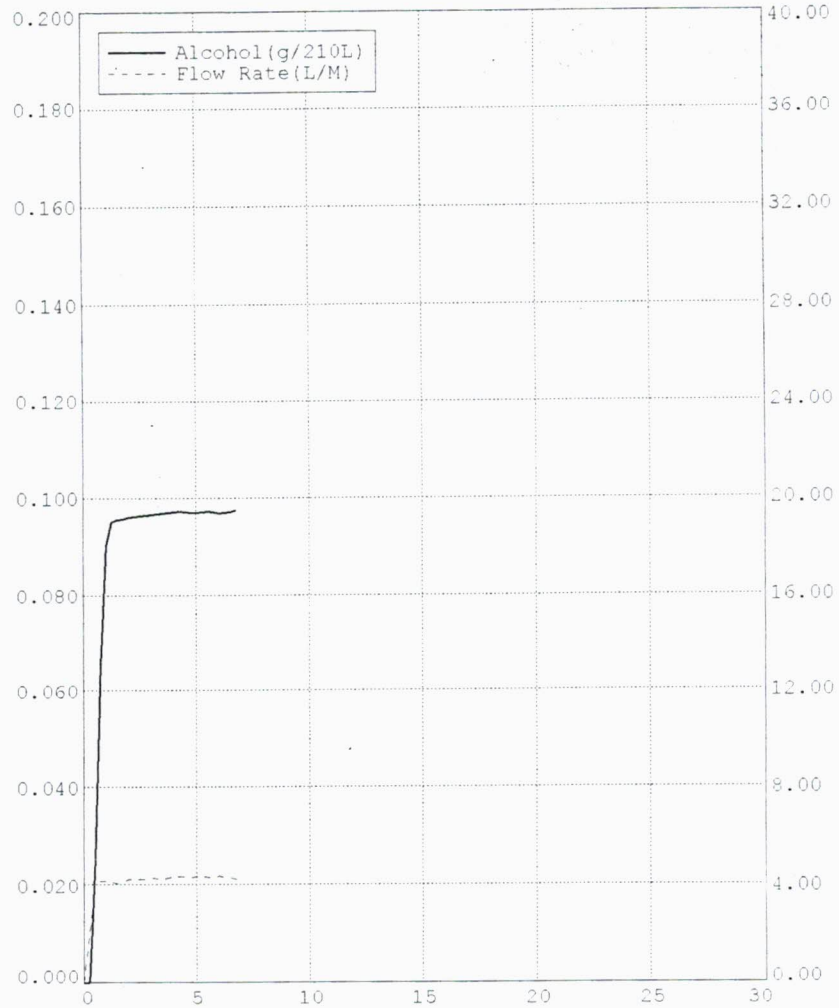
LOT #: AG215701  
SUPPLIER: INTOXIMETERS  
EXPIRATION: 06/06/2024  
SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION  
CONCENTRATION: 0.100  
TARGET: 0.097

BLANK TEST	0.000	09:22
INTERNAL STANDARD	VERIFIED	09:22
EXTERNAL STANDARD	0.098	09:22
BLANK TEST	0.000	09:23

Average = 0.0980  
Std Dev = 0.0000  
Spread = 0.0000

*Level*





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:** 6-Jun-2022

**Lot # AG215701 Model 108**

<b>Exp Date</b> 6-Jun-2024	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.100 ± 2% BrAC (260 ppm)
-------------------------------	-------------------------	---	---

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

<b>RGM Serial No.</b>	<b>Concentration</b>	<b>RGM Serial No.</b>	<b>Concentration</b>
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

<b>CRM Serial No.</b>	<b>Concentration</b>	<b>CRM Serial No.</b>	<b>Concentration</b>
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

**Analytical Method:** NDIR

Digitally signed by:Quality Control  
Reason:Dry gas standard certification of analysis  
Location:Airgas USA LLC (Lab)  
Date:06.07.2022 13:06

**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

2

**PERMIT**  
**TYPE II**  
**TRAVIS GARTON**

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 8/24/2022

*Mike Maxson*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220206

*Paula J. Nickelson*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 8/24/2024

LAB-4 (R6-10)

MO 580-0771 (6-10)

**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 GARTON, TRAVIS  
Permit No 220206  
Date Issued 8/24/2022 Date Expires 8/24/2024

