

RECEIVED

By Tracy Crews at 3:37 pm, Apr 15, 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 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 500073	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 04/14/2022
LOCATION OF INSTRUMENT (STREET AND CITY) Phelps County Jail, 500 W. 2nd Street, Rolla		TIME OF INSPECTION 13:22:40

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>04/14/2022 13:22:43</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>48.1°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
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG011501</u>	EXP. DATE <u>04/24/2022</u>
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<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____	SIM. SN _____	SIM. NIST EXP DATE _____
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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: 0.098	TEST 2: 0.098	TEST 3: 0.098
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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: 0	.05-.09: 2	.10-.14: 0	.15-.19: 0	OVER .19: 0
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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)

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME JEREMY R MCCURDY	
TYPE II PERMIT NUMBER 200312	EXPIRATION DATE 12/30/2022	TELEPHONE NUMBER 573-368-2345

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

# Airgas

Airgas USA LLC (LAB)  
 3322 Bernard Street  
 St. Louis, MO 63103  
 Tel: 314-575-1100  
 Fax: 314-533-7326

## Certificate of Analysis

Test Date 28 Apr 2020

Customer Name  
 T. J. SUE SUPPLY  
 Inflowmeter, Inc  
 2081 Craig Road  
 St. Louis MO 63146

Lot # AG011501 Model 108card

Exp. Date  
 24 Apr 2022

Cyl. Type  
 108

Component  
 Ethanol  
 NUNAN

Certified Concentration  
 0.100 ± 7% BRAC 1260 ppm  
 Balance

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

RGM Serial No.	Concentration	CRM Serial No.	Concentration
EB0010581	392.9 ppm	EB0010603	392.0 ppm
EB0010570	359.8 ppm	EB0010559	358.2 ppm
EB0010285	208.0 ppm	EB0010555	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
CC43468	800.0 ppm	0056649	390.1 ppm
CC73450	253.0 ppm	0056663	150.7 ppm

Analytical Method: NDIR

Approved for Release

*Rod Marsala*  
 Rod Marsala

ISO 17025:2005 A2LA accredited Certificate Number 2082.06  
 ISO 17034:2016 A2LA accredited Certificate Number 2082.07



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



**PERMIT**  
**TYPE II**  
**JEREMY R. MCCURDY**

is hereby authorized to instruct and supervise operators, train instructors, inspect calibrators, perform field service and repair 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 577.070 through 577.041, RSMo and 506.111 through 506.119 RSMo

DATE 12/30/2020  
NUMBER 200312  
EXPIRES 12/31/2022

JAMES S. ...  
DIRECTOR OF STATE POLICE, STATE TREASURER

*[Signature]*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

**INSTRUMENT OPERATOR CARD**

Operator: MCCURDY, JEREMY  
Permit No: 200312  
Date Issued: 12/30/2020 Date Expires: 12/31/2022

*[Barcode]*