

RECEIVED

By Tracy Crews at 9:27 am, Aug 18, 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 500143	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 08/16/2022
LOCATION OF INSTRUMENT (STREET AND CITY) Lincoln County Sheriff's Office, Troy, MO.		TIME OF INSPECTION 08:24:57

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.

<input checked="" type="checkbox"/> DIAGNOSTIC RECORD	
DATE AND TIME <u>08/16/2022 08:24:59</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>44.2°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
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG102002</u> EXP. DATE <u>01/20/2023</u>
<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____	SIM. SN _____ SIM. NIST EXP DATE _____

<input checked="" type="checkbox"/> 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.
<input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
<input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1: 0.098	TEST 2: 0.097	TEST 3: 0.097
---------------	---------------	---------------

<input checked="" type="checkbox"/> 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: 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 BRYAN W LONG	
TYPE II PERMIT NUMBER 21'0311	EXPIRATION DATE 12/14/2023	TELEPHONE NUMBER 636-300-2800

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)  
3300 Remond Street  
St Louis, Mo 63103  
PH (314) 533-3100  
Fax (314) 533-7378

## Certificate of Analysis

Customer Name  
Erickson Supply  
Washburn, Inc.  
2081 Craig Road  
St Louis, Mo 63146

Test Date: 21-Jan-2021

Lot # AG102002 Model 108cccd

Exp. Date 20-Jan-2023  
Exp. Type 108  
Component Ethanol  
N2/Ogen  
Certified Concentration  
0 100 ± 2% B/A/C (260 ppm)  
Balance

Certification Traceable to N.J.S.T. RCM and to CRM Ethanol Standards:

<u>RCM Serial No.</u>	<u>Concentration</u>	<u>RCM Serial No.</u>	<u>Concentration</u>
E80010381	392.9 ppm	E80010603	353.0 ppm
E80010570	282.8 ppm	E80010559	258.2 ppm
E80010283	208.0 ppm	E80010335	208.3 ppm
E80010541	163.5 ppm	E80010642	104.2 ppm
E80010681	52.92 ppm	E80010579	52.81 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC777481	800.0 ppm	CC777493	380.0 ppm
CC777488	230.0 ppm	CC777498	180.0 ppm

Analytical Method: NDIR

Quality System by Bureau Veritas  
Our ISO 17025:2017 is 06196  
Validated by our Laboratory and is in full compliance  
with the Airgas USA LLC policy

Approved for Release:

  
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3087.08  
ISO 17034:2016 A2LA accredited. Certificate Number 3087.07



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



**PERMIT**  
**TYPE II**  
**BRYAN W. LONG**

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 12/14/2021

NUMBER 210311

EXPIRES 12/14/2023

*Laura P. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Krumm*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 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 LONG, BRYAN  
 Permit No 210311  
 Date Issued 12/14/2021 Date Expires 12/14/2023

