



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 09/08/2022
LOCATION OF INSTRUMENT (STREET AND CITY) Lincoln County Sheriff's Office, Troy, MO.		TIME OF INSPECTION 18:24:26

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>09/08/2022 18:24:28</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 _____

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: 0.097	TEST 2: 0.098	TEST 3: 0.097
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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: 0	.10-.14: 4	.15-.19: 1	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 BRYAN W LONG	
TYPE II PERMIT NUMBER 210311	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 Emerald Drive
St. Louis, Mo 63103
PA (314) 533-3100
FAX (314) 533-3778

Certificate of Analysis

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

TEST DATE: 21-Jan-2021

Lot # AG102002 Model 108cccd

Exp. Date: 20-Jan-2023
Cyl. Type: 108
Component: Ethanol
Mixture
Certified Concentration:
0.100 ± 2% B/C (750 ppm)
Balance

Certification Traceable to NIST, RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	RGM Serial No.	Concentration
E80010381	397.8 ppm	E80010403	332.0 ppm
E80010370	289.8 ppm	E80010359	258.2 ppm
E80010383	308.0 ppm	E80010320	208.3 ppm
E80010381	183.6 ppm	E80010447	104.2 ppm
E80010481	52.92 ppm	E80010379	87.81 ppm

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC177481	800.0 ppm	CC177493	300.0 ppm
CC177488	250.0 ppm	CC177488	150.0 ppm

Calibration Method: NMR

Quality Control
Our 2021 (12) 12/31/21
Lab. 10/10/21

Approved for Release:

Rod Marsala
Rod Marsala

ISO 17026:2005 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

[Signature]
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
 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

