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By Tracy Crews at 10:29 am, Oct 06, 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 10/05/2022
LOCATION OF INSTRUMENT (STREET AND CITY) Lincoln County Sheriff's Office, Troy, MO.		TIME OF INSPECTION 09:31:13

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>10/05/2022 09:31:15</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>45.5°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: 0.098	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: 1	.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 <i>B.W. Long #859</i>	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)
3301 Edward Street
St. Louis, Mo 63163
PA (314) 533-3100
Fax (314) 533-7378

Certificate of Analysis

Customer Name
Ergonomics Supply
Washington, Inc.
2081 Craig Road
St. Louis, Mo 63144

Test Date: 21-Jan-2021

Lot # AG102002 Model 108cccd

Exp. Date
30-Jan-2023

Cyl. Type
108

Calibration
Ergonomics
N/A ppm

Certified Concentration
0.100 ± 2% @ AC (260 ppm)
@ 25°C

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

CRM Serial No.	Concentration	CRM Serial No.	Concentration
EB0010578	397.4 ppm	EB0010603	393.0 ppm
EB0010579	189.8 ppm	EB0010604	358.2 ppm
EB0010580	208.0 ppm	EB0010605	208.3 ppm
EB0010581	103.6 ppm	EB0010606	104.2 ppm
EB0010582	57.72 ppm	EB0010607	67.81 ppm

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC77481	800.0 ppm	CC77482	180.0 ppm
CC77482	150.0 ppm	CC77483	150.0 ppm

Calibration Method: NDCR


Rod Marsala

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

Donald B. Krumm

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald B. Krumm

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

143 MO D/1 (6-15)

143-4 (15-15)

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**

