



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 500174 | NAME OF AGENCY Missouri State Highway Patrol | DATE OF INSPECTION 01/30/2022 |
|-------------------------------|--|---|

| | |
|---|---------------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 519 North. Grand Ave., Houston, MO (Texas Co Jail) | TIME OF INSPECTION 06:47:54 |
|---|---------------------------------------|

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>01/30/2022 06:47:57</u> | <input checked="" type="checkbox"/> DETECTOR |
| <input checked="" type="checkbox"/> PROGRAM | <input checked="" type="checkbox"/> FILTER 1 |
| <input checked="" type="checkbox"/> SAMPLE CHAMBER 48.7°C | <input checked="" type="checkbox"/> FILTER 2 |
| <input checked="" type="checkbox"/> BREATH TUBE 46.3°C | <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>AG125601</u> | EXP. DATE <u>09/13/2023</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: 0.098 |
|----------------------|----------------------|----------------------|

| |
|--|
| <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: 20 | .05-.09: 0 | .10-.14: 1 | .15-.19: 1 | 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)

Dry gas change lot #AG125601

INSPECTING OFFICER

| | |
|---------------|---|
| SIGNATURE | PRINT FULL NAME JASON L SENTMAN |
|---------------|---|

| | | |
|--|--------------------------------------|---|
| TYPE II PERMIT NUMBER 200118 | EXPIRATION DATE 03/03/2022 | TELEPHONE NUMBER 417-469-3121 |
|--|--------------------------------------|---|

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



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

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PERMIT
TYPE II
JASON SENTMAN

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 3/3/2020

NUMBER 200118

EXPIRES 3/3/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 280-0771 (8-10)

LAB-4 (Rev 10)

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

INSTRUMENT OPERATOR CARD

The named operator 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 SENTMAN, JASON
Permit No 200118
Date Issued 3/3/2020 Date Expires 3/3/2022



Airgas USA LLC (LAB)
 3500 Bernard Street
 St. Louis, Mo. 63103
 Ph: (314) 533-3100
 Fax: (314) 533-7326

Certificate of Analysis

Customer Name
 Exclusive Supplier
 Intoximeters, Inc.
 2081 Craig Road
 St. Louis, Mo 63146

Test Date: 17-Feb-2020

Lot # AG004403 Model 108cadd

| | | | |
|---------------------------------|-------------------------|---|--|
| Exp. Date 13-Feb-2022 | Cyl. Type 108 | Component Ethanol Nitrogen | Certified Concentration 0.100 ± 2% BrAC (260 ppm) Balance |
|---------------------------------|-------------------------|---|--|

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

| | | | |
|--|---|--|---|
| RGM Serial No. EB0010581 EB0010570 EB0010295 EB0010561 EB0010681 | Concentration 392.1 ppm 259.8 ppm 208.0 ppm 103.8 ppm 52.12 ppm | RGM Serial No. EB0010603 EB0010559 EB0010595 EB0010662 EB0010579 | Concentration 393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm |
| CRM Serial No. CC434668 CC234503 | Concentration 800.0 ppm 253.0 ppm | CRM Serial No. 0056649 0056662 | Concentration 390.1 ppm 150.2 ppm |

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2020.02.18 10:32:01 -0600
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

Approved for Release: _____

Rod Marsala
 Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06
 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07