



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 <b>500174</b>	NAME OF AGENCY <b>Missouri State Highway Patrol</b>	DATE OF INSPECTION <b>07/28/2022</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>519 North. Grand Ave., Houston, MO (Texas Co Jail)</b>		TIME OF INSPECTION <b>00:41:56</b>

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>07/28/2022 00:41:59</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>48.0°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>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 _____

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: <u>0.098</u>	TEST 2: <u>0.097</u>	TEST 3: <u>0.097</u>
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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: 5	.05-.09: 1	.10-.14: 0	.15-.19: 0	OVER .19: 3
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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)

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INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME <b>JASON L SENTMAN</b>	
TYPE II PERMIT NUMBER <b>220059</b>	EXPIRATION DATE <b>02/19/2024</b>	TELEPHONE NUMBER <b>417-469-3121</b>

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)  
3500 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7328

## 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

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

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

<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010661	382.1 ppm	EB0010603	393.0 ppm
EB0010670	288.8 ppm	EB0010659	258.2 ppm
EB0010285	208.0 ppm	EB0010696	208.3 ppm
EB0010661	103.8 ppm	EB0010662	104.2 ppm
EB0010681	52.12 ppm	EB0010679	52.81 ppm

  

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0066648	390.1 ppm
CC234503	253.0 ppm	0066662	150.2 ppm

Analytical Method: NDIR

Certified by Quality Control  
Date: 2020 02 18 10:32:01 -08 00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Approved for Release:

  
Rod Marsala

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



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



**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 308.111 through 308.119 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

440 880-0771 (8-18)

1 A3 4 (Rev. 12)

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

**INSTRUMENT OPERATOR CARD**

The named contributor is authorized to operate an authorized breath alcohol instrument for the determination of the alcoholic content in breath form of a person in Missouri.

Operator **SENTMAN JASON**  
Permit No **200118**  
Date Issued **3/3/2020** Date Expires **3/3/2022**