



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 500194	NAME OF AGENCY Canton Police Department	DATE OF INSPECTION 09/01/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 108 N 5th St, Canton, MO	TIME OF INSPECTION 12:37:20
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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>09/01/2022 12:37:22</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>46.2°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>AG130104</u> EXP. DATE <u>10/28/2023</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: 0.099	TEST 2: 0.099	TEST 3: 0.099
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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: 1	05-.09: 2	10-.14: 0	15-.19: 0	OVER .19: 1
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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)

msc test

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME RYAN SCHILDKNECHT
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TYPE II PERMIT NUMBER 210253	EXPIRATION DATE 11/12/2023	TELEPHONE NUMBER 660-543-4573
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RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services  
by mail, fax, or email



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:** 1-Nov-2021

**Lot #** AG130104 **Model** 108

Exp Date	Cyl. Type	Component	Certified Concentration
28-Oct-2023	108	Ethanol Nitrogen	0.100 ± 2% BrAC (260 ppm)

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)  
Date: 11.05.2021 11:46

Approved for Release: \_\_\_\_\_

Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06  
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



SRO Number: SRO-051604

Received Date: 05/12/2022

Completion Date: 08/25/2022

SRO Type: REPAIR

SRO Description: DMT Repair

Customer ID: C000MOCEN1

Customer PO: 05122022-Bond

Contact: Matt Bond

Email: mbond@ucmo.edu

Ship To:

University Of Central Missouri  
Central Receiving  
415 East Clark Street  
Southeast Complex Bldg B

Units on SRO

1	50-0110-00	INTOX DMT MISSOURI WET/DRY
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Service Line: 1		<b>**All Instruments are Calibrated to Factory Specifications**</b>	
<b>Unit Type:</b>	(50-0110-00) INTOX DMT MISSOURI WET/DRY		
<b>Serial Number:</b>	50500194		
<b>Reason:</b>	DMT Status Messages		
	Sim Time		
<b>Reason Notes:</b>	Would not complete accuracy check. Simulator time out.		
<b>Resolution:</b>	Replaced		
	RPL comp		
<b>Resolution Notes:</b>	Replaced IR detector. Aligned filter wheel optics and optimized new detector. Ran adjustment and accuracy checks. Inspected and adjusted to factory spec.		
<b>Parts:</b>	<u>Qty</u>	<u>Part Number</u>	<u>Part Description</u>
	1	99-0001-00	MISC REPAIR
<b>Reason:</b>	Upgrade to newer version		
	Upgrade		
<b>Reason Notes:</b>	New software available.		
<b>Resolution:</b>	Update		
	Update		
<b>Resolution Notes:</b>	Updated software to v.43403-D.		
	1	59-0055-00	DMT ELEC DETECTOR PCB ASSY 41601



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

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**PERMIT  
TYPE II**

**RYAN SCHILDKNECHT**

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, INTOXILYZER 8000, INTOX EC/IR II, ASIV W/PRINTER**

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 11/12/2021

*Laura G. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210253

EXPIRES 11/12/2023

*Donald S. Krumm*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R5-10)



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 SCHILDKNECHT, RYAN  
Permit No 210253  
Date Issued 11/12/2021 Date Expires 11/12/2023