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By Tracy Crews at 9:44 pm, Feb 11, 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 500203	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 02/05/2022
LOCATION OF INSTRUMENT (STREET AND CITY) Scotland CO SO, 117 S. Market St., Rm #3, Memphis		TIME OF INSPECTION 10:02:33

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>02/05/2022 10:02:36</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>47.2°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>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: 0.100	TEST 2: 0.101	TEST 3: 0.101
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST
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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: 0	.15-.19: 0	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)

MEETS DHSS STANDARDS. ADJUSTED TIME.

INSPECTING OFFICER

SIGNATURE <i>Z. Horrell</i>	PRINT FULL NAME ZACHARY S HORRELL	
TYPE II PERMIT NUMBER 210175	EXPIRATION DATE 08/12/2023	TELEPHONE NUMBER 660-385-2132

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:** 13-Sep-2021

**Lot #** AG125601 **Model** 108

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

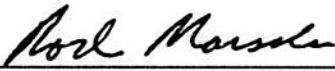
**Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:**

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 09.14.2021 18:36

Approved for Release:   
Rod Marsala

**ISO 17025:2017 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**  
**ZACHARY S. HORRELL**

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 8/12/2021

NUMBER 210175

EXPIRES 8/12/2023

*Laura Q. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Robt. K. ...*

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 HORRELL, ZACHARY  
 Permit No 210175  
 Date Issued 8/12/2021 Date Expires 8/12/2023

