



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<br><b>500205</b>  | NAME OF AGENCY<br><b>Missouri State Highway Patrol</b> | DATE OF INSPECTION<br><b>07/03/2022</b> |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><b>Oregon County Sheriff's Office, Alton, Missouri</b> |  | TIME OF INSPECTION<br><b>08:55:56</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.

**DIAGNOSTIC RECORD**

|  |   |
|--|---|
| DATE AND TIME <u>07/03/2022 08:55:58</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>48.1°C</u>    | <input checked="" type="checkbox"/> FILTER 3          |
| <input checked="" type="checkbox"/> PUMP                         | <input checked="" type="checkbox"/> INTERNAL STANDARD |

**BREATH ANALYZER ACCURACY STANDARDS**

SIMULATOR STANDARD       COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS      LOT # AG125601      EXP. DATE 09/13/2023

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: 0.100      TEST 3: 0.098

**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: 0 | 15-19: 1 | OVER 19: 1 |
|-------------|---------|----------|----------|----------|------------|

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<br><i>Cpl. M T Weakley</i>   | PRINT FULL NAME<br><b>M T WEAKLEY</b> |                  |
| TYPE II PERMIT NUMBER<br><b>220025</b> | EXPIRATION DATE<br><b>01/24/2024</b>  | TELEPHONE NUMBER |

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

|                                |                         |   |   |
|--------------------------------|-------------------------|---|---|
| <b>Exp Date</b><br>13-Sep-2023 | <b>Cyl. Type</b><br>108 | <b>Component</b><br>Ethanol<br>Nitrogen | <b>Certified Concentration</b><br>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**





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

**RECEIVED**

By Brian Lutmer at 4:42 pm, Jan 18, 2022

**APPROVED**

By Brianna Medrano at 11:14 am, Jan 19, 2022

**APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS**

|   |  |  |           |
|---|--|--|-----------|
| THIS APPLICATION IS FOR<br><input type="checkbox"/> NEW PERMIT <input checked="" type="checkbox"/> RENEWAL  |  | CURRENT PERMIT NUMBER AND EXPIRATION DATE<br>200071 01/22/2022 |           |
| PRINT FULL NAME<br>Michael T. Weakley   |  | TITLE<br>Corporal  | AGE<br>40 |
| A disclosure concerning your SSN number is available at:<br><a href="http://www.health.mo.gov/lab/breathalcohol/">http://www.health.mo.gov/lab/breathalcohol/</a> |  |  |           |
| DEPARTMENT OR TROOP<br>Missouri State Highway Patrol  |  | TELEPHONE<br>(417) 469-3121                                    |           |
| BUSINESS ADDRESS (STREET CITY STATE ZIP CODE)<br>1226 West Business Highway 60/63, Willow Springs, Missouri 65793   |  |  |           |
| EMAIL ADDRESS<br>michael.weakley@mshp.dps.mo.gov  |  |  |           |

**LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS**  
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

| DATES OF COURSE | LOCATION OF COURSE | COURSE LENGTH (HRS) | NAME & MODEL OF BREATH ANALYZER | PLACE A CHECKMARK BESIDE INSTRUMENTS FOR WHICH YOU REQUEST | NAME OF INSTRUCTOR |
|-----------------|--------------------|---------------------|---------------------------------|--|--------------------|
| 2008            | MSHP LEA           | 27                  | Datamaster                      | <input type="checkbox"/>                                   | Cummings           |
| 2013            | MSHP LEA           | 57                  | Datamaster                      | <input type="checkbox"/>                                   | Carver             |
| 2014            | MSHP LEA           | 12                  | Intox DMT                       | <input checked="" type="checkbox"/>                        | Carver             |
|                 |                    |                     |                                 | <input type="checkbox"/>                                   |                    |

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

| MANUFACTURER AND NAME OF INSTRUMENT | NUMBER OF MAINTENANCE REPORTS      | NUMBER OF SUBJECT TESTS  |
|-------------------------------------|------------------------------------|--|
| 1. Intox DMT                        | 48 <input type="checkbox"/> OK BLM | <input type="checkbox"/> 5 SELF-TESTS<br><input type="checkbox"/> OK BLM 7 |
| 2.                                  |                                    |  |
| 3.                                  |                                    |  |

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

|   |                    |
|---|--------------------|
| SIGNATURE OF APPLICANT<br><i>CPL. M. T. WEAKLEY #1144</i> | DATE<br>01/16/2022 |
|---|--------------------|

**RETURN COMPLETED APPLICATION TO THE:** Breath Alcohol Program, Missouri Department of Health and Senior Services  
Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901