



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 500249 | NAME OF AGENCY SIKESTON DPS | DATE OF INSPECTION 07/05/2022 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 201 S. KINGSHIGHWAY SIKESTON, MO 63801 | | TIME OF INSPECTION 14:02:11 |

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>07/05/2022 14:02:14</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 |

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| 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>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 _____ |

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| <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: 0.102 | TEST 2: 0.102 | TEST 3: 0.102 |
| <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: 1 | .10-.14: 0 | .15-.19: 1 | OVER .19: 0 |

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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 DANIEL E JOHNSON |
| TYPE II PERMIT NUMBER 200270 | EXPIRATION DATE 10/14/2022 |
| TELEPHONE NUMBER 573-471-4711 | |

| | |
|--------------------------------|---|
| RETURN COMPLETED REPORT TO THE | Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email |
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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 28-Oct-2023 | Cyl. Type 108 | Component Ethanol Nitrogen | Certified Concentration 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

U.S. Safety and Health Quality Council
 Intoximeter, Inc. Standard Certificate of Conformity
 Issued by Airgas USA LLC (LAB)
 Date: 11/02/2021 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



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

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PERMIT
 TYPE II

DANIEL E JOHNSON

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 10/13/2020

W. W. [Signature]
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200270

EXPIRES 10/13/2022

[Signature]
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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