



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

REPORT #1

**INTOX DMT MAINTENANCE REPORT**

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>500249</b>	NAME OF AGENCY <b>SIKESTON DPS</b>	DATE OF INSPECTION <b>11/30/2022</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>201 S. KINGSHIGHWAY SIKESTON, MO 63801</b>		TIME OF INSPECTION <b>06:05:39</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>11/30/2022 06:05:42</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.9°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**

<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

**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: <b>0.099</b>	TEST 2: <b>0.099</b>	TEST 3: <b>0.099</b>
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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: <b>0</b>	0-.04: <b>0</b>	.05-.09: <b>0</b>	.10-.14: <b>0</b>	.15-.19: <b>0</b>	OVER .19: <b>0</b>
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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)

Placed back in-service

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME <b>DANIEL E JOHNSON</b>
TYPE II PERMIT NUMBER <b>220244</b>	EXPIRATION DATE <b>10/05/2024</b>
	TELEPHONE NUMBER <b>573-471-4711</b>

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 Barnard Street  
 St. Louis, Mo. 63103  
 Pfr: (314) 633-3100  
 Fax: (314) 633-7228

**Certificate of Analysis**

**Customer Name**  
 Exclusive Supplier  
 Intoximeters, Inc.  
 2081 Craig Road  
 St. Louis, Mo 63146

**Test Date:** 23-Apr-2020

**Lot #** AG011305 **Model** 108cacc

<b>Exp. Date</b> 22-Apr-2022	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.100 ± 2% BrAC (260 ppm) Balance
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**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>
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010585	208.3 ppm
EB0010581	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434688	800.0 ppm	0058648	390.1 ppm
CC234503	253.0 ppm	0056662	160.2 ppm

**Analytical Method:** NDIR

Digitally signed by Quality Control  
 Date: 2020.04.24 14:59:04 -05:00  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)

Approved for Release: Rod Marsala  
 Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.08  
 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 10/14/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200270

EXPIRES 10/14/2022

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 880-8771 (8-18)

LS-4 (8-18)

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

**INSTRUMENT OPERATOR CARD**

The named cardholder is authorized to operate an Intoximeter breath alcohol instrument for the determination of the alcoholic content in breath from of expired air in Missouri.

Operator JOHNSON, DANIEL  
Permit No 200270  
Date Issued 10/14/2020 Date Expires 10/14/2022