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By Tracy Crews at 7:19 am, Feb 18, 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 <b>500252</b>	NAME OF AGENCY <b>Cameron Police Department</b>	DATE OF INSPECTION <b>02/06/2022</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>101 North Chestnut, Cameron, Missouri 64429</b>		TIME OF INSPECTION <b>08:11:11</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>02/06/2022 08:11:13</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 # AG129201      EXP. DATE 10/19/2023

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: **0.079**      TEST 2: **0.079**      TEST 3: **0.079**

**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>1</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)

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**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME <b>JAMES C PROCTOR</b>	
TYPE II PERMIT NUMBER <b>210046</b>	EXPIRATION DATE <b>03/16/2023</b>	TELEPHONE NUMBER <b>816-632-6521</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 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: 20-Oct-2021

**Lot # AG129201 Model 108**

Exp Date	Cyl. Type	Component	Certified Concentration
19-Oct-2023	108	Ethanol Nitrogen	0.080 ± 0.002 BrAC (208 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:10.20.2021 17:16

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  
BLOOD ALCOHOL TEST REPORT - INTOX DMT

FORM #11

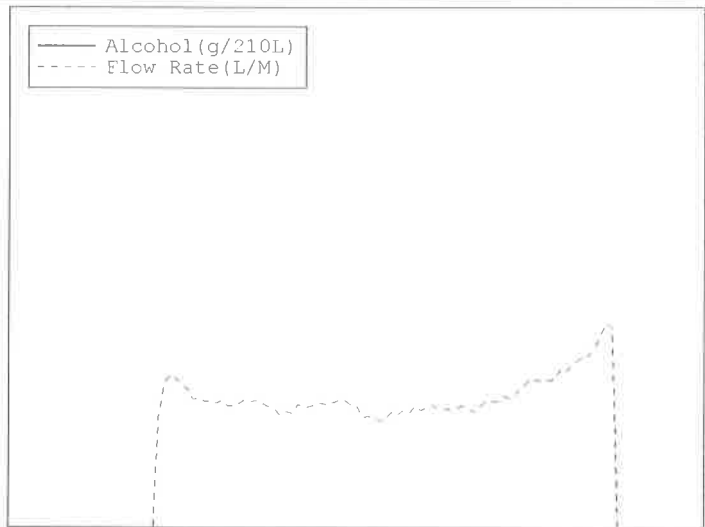
LOCATION OF INSTRUMENT 101 North Chestnut, Cameron, Missouri	INSTRUMENT SERIAL NUMBER 500252	DATE OF TEST 02/06/2022	TIME OBSERVATION PERIOD STARTED 09:00	TIME OF TEST 09:15:01
SUBJECT NAME MONTHLY TEST			DATE OF BIRTH 01/01/2000	
SUBJECT DRIVER'S LICENSE NUMBER 02062022			STATE MO	
ARRESTING OFFICER JAMES C PROCTOR		ARRESTING OFFICER ID 107		
OPERATOR JAMES C PROCTOR		OPERATOR PERMIT 270046	PERMIT EXP DATE 03/16/2023	
OBSERVER JAMES C PROCTOR		OBSERVER PERMIT 270046	PERMIT EXP DATE 03/16/2023	

OPERATIONAL CHECKLIST: INTOX DMT

- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by JAMES C PROCTOR. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.
- 3. Assure that the power switch is ON and the screen is displaying "Ready <Push Run>".
- 4. Press the Run button on the display screen.
- 5. Enter subject and officer information.
- 6. When display reads "Please Blow" and gives audible beep, insert mouthpiece and take the subject's breath sample.

SUBJECT TEST RESULTS

BLANK TEST	0.000	09:15
INTERNAL STANDARD	VERIFIED	09:16
SUBJECT SAMPLE (Vol=3.36L)	0.000	09:16
BLANK TEST	0.000	09:17




COMMENTS

CERTIFICATION BY OPERATOR

BAC  
0.000

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.

SIGNATURE OF OPERATOR 	DATE 02/06/2022
WITNESS (IF ANY)	DATE 02/06/2022



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



PERMIT  
TYPE II

JAMES C. PROCTOR

heraby 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 3/16/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210046

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 3/16/2023

88-1071 (5-10)

LAB-4 (PS-10)

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

**INSTRUMENT OPERATOR CARD**

This permit authorizes the operator to operate any cylindrical breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator: PROCTOR, JAMES  
Permit No: 210046  
Date Issued: 3/16/2021 Date Expires: 3/16/2023