



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

RECEIVED

By Tracy Crews at 8:43 am, Oct 21, 2022

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 500252 | NAME OF AGENCY Cameron Police Department | DATE OF INSPECTION 10/13/2022 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 101 North Chestnut, Cameron, Missouri 64429 | | TIME OF INSPECTION 01:38:37 |

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>10/13/2022 01:38:39</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>46.8°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: **0.078** TEST 2: **0.077** TEST 3: **0.078**

PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

| | | | | | |
|-------------|-----------|------------|------------|------------|-------------|
| REFUSALS: 0 | 0-.04: 12 | .05-.09: 0 | .10-.14: 1 | .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)

INSPECTING OFFICER

| | | |
|--|---|---|
| SIGNATURE #107 | PRINT FULL NAME JAMES C PROCTOR | |
| TYPE II PERMIT NUMBER 210046 | EXPIRATION DATE 06/16/2023 | TELEPHONE NUMBER 816-632-6521 |

RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email



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 10/13/2022 | TIME OBSERVATION PERIOD STARTED 01:05 | TIME OF TEST 01:47:28 |
| SUBJECT NAME MONTHLY TEST | | | DATE OF BIRTH 01/01/1973 | |
| SUBJECT DRIVER'S LICENSE NUMBER 10132022 | | | STATE MO | |
| ARRESTING OFFICER JAMES C PROCTOR | | ARRESTING OFFICER ID 107 | | |
| OPERATOR JAMES C PROCTOR | | OPERATOR PERMIT 210046 | PERMIT EXP DATE 03/16/2023 | |
| OBSERVER JAMES C PROCTOR | | OBSERVER PERMIT 210046 | 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 | 01:48 |
| INTERNAL STANDARD | VERIFIED | 01:48 |
| SUBJECT SAMPLE (Vol=1.95L) | 0.000 | 01:48 |
| BLANK TEST | 0.000 | 01:49 |



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 10/13/2022 |
| WITNESS (IF ANY) | DATE 10/13/2022 |



Airgas USA LLC (LAB)
 3500 Bernard Street
 St. Louis, Mo. 63103
 Pfr: (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 analyte
 Location:Airgas USA LLC (Lab)
 Date:10.20.2021 17:18

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

2

PERMIT
 TYPE II

JAMES C. PROCTOR

INTOX DMT

...

[Signature]
 DIRECTOR OF BREATH ALCOHOL PROGRAM

...

[Signature]
 SUPERVISOR OF BREATH ALCOHOL PROGRAM

...

...

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

INSTRUMENT OPERATOR CARD

This operator's responsibility is to maintain the accuracy and reliability of breath alcohol instruments used for the determination of blood alcohol content in breath from an individual in Missouri.

Operator: PROCTOR, JAMES
 Permit No: 11006
 Date issued: 1/1/2011 To: Expires: 1/1/2012