



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

**INTOX DMT MAINTENANCE REPORT**

**RECEIVED**

By Tracy Crews at 3:32 pm, Apr 04, 2022

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 500266	NAME OF AGENCY UNIVERSITY OF MISSOURI POLICE DEPARTMENT	DATE OF INSPECTION 04/04/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 901 VIRGINIA AVE, COLUMBIA		TIME OF INSPECTION 09:03:34

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>04/04/2022 09:03:37</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>44.9°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 # AG019902      EXP. DATE 07/17/2022

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: 0.080      TEST 2: 0.079      TEST 3: 0.080

**PERFORM R.F.I. TEST**

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

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

*\* Maintenance done @ 1003 hours Not 0903. Clock was adjusted after the maintenance was completed.*

**INSPECTING OFFICER**

SIGNATURE       PRINT FULL NAME  
JENNIFER PERRY

TYPE II PERM NUMBER 210010      EXPIRATION DATE 01/26/2023      TELEPHONE NUMBER 573-882-7201

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: 21-Jul-2020

**Lot # AG019902 Model 108cacc**

<u>Exp. Date</u> 17-Jul-2022	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.080 ± 0.002 BrAC (208 ppm) Balance
---------------------------------	-------------------------	---	---

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

<table border="0"> <tr> <td><u>RGM Serial No.</u></td> <td><u>Concentration</u></td> </tr> <tr> <td>EB0010581</td> <td>392.1 ppm</td> </tr> <tr> <td>EB0010570</td> <td>259.8 ppm</td> </tr> <tr> <td>EB0010285</td> <td>208.0 ppm</td> </tr> <tr> <td>EB0010561</td> <td>103.6 ppm</td> </tr> <tr> <td>EB0010681</td> <td>52.12 ppm</td> </tr> </table>	<u>RGM Serial No.</u>	<u>Concentration</u>	EB0010581	392.1 ppm	EB0010570	259.8 ppm	EB0010285	208.0 ppm	EB0010561	103.6 ppm	EB0010681	52.12 ppm	<table border="0"> <tr> <td><u>RGM Serial No.</u></td> <td><u>Concentration</u></td> </tr> <tr> <td>EB0010603</td> <td>393.0 ppm</td> </tr> <tr> <td>EB0010559</td> <td>258.2 ppm</td> </tr> <tr> <td>EB0010595</td> <td>208.3 ppm</td> </tr> <tr> <td>EB0010562</td> <td>104.2 ppm</td> </tr> <tr> <td>EB0010579</td> <td>52.81 ppm</td> </tr> </table>	<u>RGM Serial No.</u>	<u>Concentration</u>	EB0010603	393.0 ppm	EB0010559	258.2 ppm	EB0010595	208.3 ppm	EB0010562	104.2 ppm	EB0010579	52.81 ppm
<u>RGM Serial No.</u>	<u>Concentration</u>																								
EB0010581	392.1 ppm																								
EB0010570	259.8 ppm																								
EB0010285	208.0 ppm																								
EB0010561	103.6 ppm																								
EB0010681	52.12 ppm																								
<u>RGM Serial No.</u>	<u>Concentration</u>																								
EB0010603	393.0 ppm																								
EB0010559	258.2 ppm																								
EB0010595	208.3 ppm																								
EB0010562	104.2 ppm																								
EB0010579	52.81 ppm																								
<table border="0"> <tr> <td><u>CRM Serial No.</u></td> <td><u>Concentration</u></td> </tr> <tr> <td>CC434668</td> <td>800.0 ppm</td> </tr> <tr> <td>CC234503</td> <td>253.0 ppm</td> </tr> </table>	<u>CRM Serial No.</u>	<u>Concentration</u>	CC434668	800.0 ppm	CC234503	253.0 ppm	<table border="0"> <tr> <td><u>CRM Serial No.</u></td> <td><u>Concentration</u></td> </tr> <tr> <td>0056649</td> <td>390.1 ppm</td> </tr> <tr> <td>0056662</td> <td>150.2 ppm</td> </tr> </table>	<u>CRM Serial No.</u>	<u>Concentration</u>	0056649	390.1 ppm	0056662	150.2 ppm												
<u>CRM Serial No.</u>	<u>Concentration</u>																								
CC434668	800.0 ppm																								
CC234503	253.0 ppm																								
<u>CRM Serial No.</u>	<u>Concentration</u>																								
0056649	390.1 ppm																								
0056662	150.2 ppm																								

Analytical Method: NDIR

Digitally signed by Quality Control  
 Date: 2020.07.22 16:48:30 -05:00  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)

Approved for Release:

\_\_\_\_\_  
 Rod Marsala

ISO 17025:2005 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 901 VIRGINIA AVE, COLUMBIA	INSTRUMENT SERIAL NUMBER 500266	DATE OF TEST 04/04/2022	TIME OBSERVATION PERIOD STARTED 09:00	TIME OF TEST 09:15:02
SUBJECT NAME TEST A TEST			DATE OF BIRTH 02/14/2002	
SUBJECT DRIVER'S LICENSE NUMBER NA			STATE NA	
ARRESTING OFFICER TEST TEST		ARRESTING OFFICER ID NA		
OPERATOR JENNIFER PERRY		OPERATOR PERMIT 210010	PERMIT EXP DATE 01/26/2023	
OBSERVER JENNIFER PERRY		OBSERVER PERMIT 210010	PERMIT EXP DATE	

**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 JENNIFER PERRY. 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	09:16
INTERNAL STANDARD	VERIFIED	09:16
SUBJECT SAMPLE (Vol=1.71L)	0.000	09:16
BLANK TEST	0.000	09:17

— Alcohol (g/210L)  
 - - - - - Flow Rate (L/M)

COMMENTS

**CERTIFICATION BY OPERATOR**

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.

BAC  
0.000

SIGNATURE OF OPERATOR 	DATE 04/04/2022
WITNESS (IF ANY)	DATE 04/04/2022



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

2

**PERMIT**  
**TYPE II**  
**JENNIFER A. PERRY**

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 306.111 through 306.119 RSMo.

DATE 1/26/2021

NUMBER 210010

EXPIRES 1/26/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

**INSTRUMENT OPERATOR CARD**

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

Operator PERRY, JENNIFER  
 Permit No 210010  
 Date Issued 1/26/2021 Date Expires 1/26/2023

