



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 500279	NAME OF AGENCY Columbia PD	DATE OF INSPECTION 08/27/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 300 S. Providence Rd, Columbia		TIME OF INSPECTION 00:36:37

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.

<input checked="" type="checkbox"/> DIAGNOSTIC RECORD
DATE AND TIME <u>08/27/2022 00:36:40</u> <input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM <input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°C</u> <input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>46.5°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.

<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: 0.101	TEST 3: 0.102
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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: 0	0-.04: 0	.05-.09: 0	.10-.14: 0	.15-.19: 0	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)

Instrument operating satisfactorily and within established limits. Instrument placed inside BCSO BATVAN.

**INSPECTING OFFICER**

SIGNATURE <i>Steven Verble</i>	PRINT FULL NAME STEVEN H VERBLE
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TYPE II PERMIT NUMBER 210084	EXPIRATION DATE 04/22/2023	TELEPHONE NUMBER 573-875-1111
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RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email



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



**PERMIT**  
**TYPE II**  
**STEVEN H. VERBLE**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH PRINTER, 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 4/22/2021

NUMBER 210084

EXPIRES 4/22/2023

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** VERBLE, STEVEN  
**Permit No** 210084  
**Date Issued** 4/22/2021    **Date Expires** 4/22/2023



Airgas USA LLC (LAB)  
 3500 Bernard Street  
 St. Louis, Mo. 63103  
 Ph: (314) 693-3100  
 Fax: (314) 693-7328

## 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	Cyl. Type	Component	Certified Concentration
20-Oct-2023	108	Ethanol Nitrogen	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
EB0010681	392.1 ppm	EB0010603	393.0 ppm
EB0010670	259.8 ppm	EB0010559	259.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	82.12 ppm	EB0010579	82.61 ppm

  

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434868	800.0 ppm	0058649	390.1 ppm
CC234503	253.0 ppm	0058662	150.2 ppm

Analytical Method: NDIR

Digitally signed by: Rod Marsala  
 Reason: My (314) standard certification of analysis  
 Location: Airgas USA LLC (Lab)  
 Date: 11.05.2021 11:40

Approved for Release: \_\_\_\_\_

Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06  
 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07