



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>500284</b>	NAME OF AGENCY <b>KIRKSVILLE PD</b>	DATE OF INSPECTION <b>07/26/2022</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>119 E McPherson, Kirksville MO 63501</b>		TIME OF INSPECTION <b>18:55:30</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>07/26/2022 18:55:33</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>43.6°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>GUTH</u>	LOT # <u>302402396000</u>	EXP. DATE <u>03/21/2025</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>0.098</b>	TEST 3: <b>0.098</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>1</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>JUAN B CHAIREZ</b>	
TYPE II PERMIT NUMBER <b>220163</b>	EXPIRATION DATE <b>06/24/2024</b>	TELEPHONE NUMBER <b>660-785-6945</b>

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

# CERTIFICATE OF ANALYSIS

## EBS - ETHANOL BREATH STANDARD

KIRKSVILLE POLICE DEPARTMENT

Sales order: 1109247289

Date: April 18, 2022

METHOD OF ANALYSIS: IR Breath Alcohol Analyzer

ANALYTICAL ACCURACY: +/-0.002 BrAC or +/-2% whichever is greater.

CALGAZ LOT#: 302-402396000

ETHANOL IN NITROGEN

Product Expiration: March 21, 2025

COMPONENT	PPM	( BrAC )
ETHANOL	260.5PPM	(0.100)
NITROGEN	BAL	
AVERAGE ANALYTICAL VALUE	PPM	( BrAC )
ETHANOL	261.0	(0.100)

REFERENCE STANDARD	CYLINDER	CONCENTRATION PPM
N.M.I. TRACEABLE STANDARDS*	ND38434	260.4

\* CERTIFICATION TRACEABLE TO NATIONAL METROLOGY INSTITUTE TRACEABLE STANDARDS

### TRACEABILITY

#### Preparation:

Gas mixtures manufactured with balances calibrated by an ISO 17025 accredited company using NIST traceable weights and meets or exceeds the requirements of NIST Handbook 44.

Calibration test 283190, 283189, 283188, or 283192 dated 6th January 2022 applies

#### Analytical:

Analytical Instruments Calibrated Using NMI Traceable Standards.

Certification Numbers: ND38434-20211028, A679, A650, ND38462-20211027, ND18363-20211104, ND50144-20201218

No effecting environmental conditions during analysis.

\*NMI is recognized by NIST through the Mutual Recognition Agreement (CIPM MRA).

CALGAZ calibration devices were found to meet all applicable requirements of the National Highway Traffic Safety Administration Model Specifications for calibrating units for breath alcohol testers.

Manufactured Date: March 21, 2022

APPROVED BY: \_\_\_\_\_



"We certify that all the cylinders for the Lot numbers identified herein are manufactured and tested within the requirements of CFR 49 part 178.65 and that physical and chemical test reports are on file and copies will be furnished upon request."

**CALGAZ, a division of Airgas USA LLC**

821 Chesapeake Drive, Cambridge, MD 21613-0149

Phone: (410) 228-6400

Fax: (410) 228-4251



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



**PERMIT**  
**TYPE II**  
**JUAN B. CHAIREZ**

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 6/24/2022

NUMBER 220163

EXPIRES 6/24/2024

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula F. Nickelson*

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 CHAIREZ, JUAN  
 Permit No 220163  
 Date Issued 6/24/2022 Date Expires 6/24/2024

