

RECEIVED

By Tracy Crews at 9:10 am, Sep 14, 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 500284 | NAME OF AGENCY KIRKSVILLE PD | DATE OF INSPECTION 08/31/2022 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 119 E McPherson, Kirksville MO 63501 | | TIME OF INSPECTION 18:05:29 |

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>08/31/2022 18:05:31</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>43.4°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 |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH</u> | LOT # <u>30240239600</u> EXP. DATE <u>03/21/2025</u> |
| <input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____ | SIM. SN _____ SIM. NIST EXP DATE _____ |

| |
|---|
| <input checked="" type="checkbox"/> 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: 0.099 | TEST 2: 0.098 | TEST 3: 0.098 |
| <input checked="" type="checkbox"/> 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 |

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 <i>JC 183</i> | PRINT FULL NAME JUAN B CHAIREZ | |
| TYPE II PERMIT NUMBER 220163 | EXPIRATION DATE 06/24/2024 | TELEPHONE NUMBER 660-785-6945 |

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

2

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 Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nicholson

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

