

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

INTOX DMT MAINTENANCE REPORT

REPORT #1

ANGES. ISALON DIALI INVITALE INVITAL	JE KEI OKT				
Complete this report at the time of the regular me Complete this report whenever the instrument is Retain the original and send a copy within 15 da	serviced or repaired and whenever	it is placed into service.			
INTOX DMT SN NAME OF AGENCY Cabool Police	ce Department	DATE OF INSPECTION 06/05/2022			
LOCATION OF INSTRUMENT (STREET AND CITY) 510 Cedar Street, Cabool, MO.		TIME OF INSPECTION 12:18:08			
CHECKLIST: Place a mark in the box by each it values where determined). Unmarked items mus	tem if found to be satisfactory or is at be corrected before using instrun	operating within established limits. (nent.	Write in observed		
☑ DIAGNOSTIC RECORD					
DATE AND TIME <u>06/05/2022 12:18:11</u>	■ DETE	CTOR			
☑ PROGRAM	☐ FILTE	₹1			
☑ SAMPLE CHAMBER 48.8°C		₹2			
☑ BREATH TUBE_47.9°C	☑ FILTE	₹ 3			
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDAR	RDS				
☑ SIMULATOR STANDARD	☐ COMPRESSED ETHANOL-GAS MIXTURE				
☑ STANDARD SUPPLIER REPCO	LOT# <u>21001</u>	EXP. DATE <u>(</u>	06/16/2023		
	SIM. SN <u>DR538</u> 4	SIM. NIST EXP DATE	09/27/2022		
 ☑ CALIBRATION CHECK - (ONLY ONE STAR Run three tests using a standard. All three to of .005 or less. Mark the box corresponding ☑ 0.10% STANDARD - MUST READ ☑ 0.08% STANDARD - MUST READ ☑ 0.04% STANDARD - MUST READ 	ests must be within ±5% of the stan to the standard being used. BETWEEN 0.095% AND 0.105% BETWEEN 0.076% AND 0.084%	dard value and must have a spread INCLUSIVE INCLUSIVE	I		
TEST 1: 0.097	TEST 2: 0.097	TEST 3: 0.098			
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS: 1 004: 32	.0509: 0	1 .1519: 0	OVER .19; 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) Checked within DHSS Specifications	IFICATION THAT WAS MADE TO RESTORE THE	INSTRUMENT TO OPERATE SATISFACTORILY A	AND WITHIN		
INSPECTING OFFICER					
SIGNATURE // A T () ()	PRINT FULL WALT	NAME ER L DARTER			
TYPE II PERMINIMBER WALL TO A CONTROL OF THE PER	02/20/2023	TELEPHONE NUMBER 417-962-3993			
	Breath Alcohol Program, Missouri E by mail, fax, or email	Department of Health and Senior Se	ervices		

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing Co.

LOT NUMBER: 21001

EXPIRATION DATE: June 16, 2023 at 11:59 p.m.

RepCo Marketing Co. certifies the following:

RepCo Marketing Co. prepared, tested and supplied Lot Number <u>21001</u> of Alcohol Certified Solution for simulators. This solution was manufactured and tested by RepCo Marketing Co., with confirmation by ISO 17025 and ISO 17034 accredited institution Alcohol Countermeasure Systems, using NIST standards. Random samples were analyzed by Alcohol Countermeasure Systems utilizing a gas chromatograph and found to contain <u>.1222</u> gms/dl +/-.003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of <u>.100</u> +/-3% gms/210L breath when heated to 34 Degrees Celsius +/-0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is <u>June 17, 2021</u> The expiration date for this lot number is <u>June 16, 2023</u> at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.

Alma Palmer, Operations Manager RepCo Marketing Co.



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

WALTER L. DARTER

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

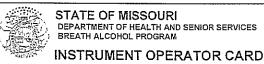
INTOX DMT

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	2/20/2021		when
			DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	210024		
EXPIRES	2/20/2023		for the the
		C	RECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R5-10)



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 DARTER, WALTER

Permit No 210024

Date Issued 2/20/2021 Date Expires 2/20/2023

