



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<br><b>500015</b>  | NAME OF AGENCY<br><b>Neosho Police Department</b> | DATE OF INSPECTION<br><b>10/30/2024</b> |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><b>201 North College St, Neosho MO</b> |   | TIME OF INSPECTION<br><b>09:22:13</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.

|   |  |
|---|--|
| <input checked="" type="checkbox"/> <b>DIAGNOSTIC RECORD</b>            |  |
| DATE AND TIME <u>10/30/2024 09:22:15</u>                                | <input checked="" type="checkbox"/> <b>DETECTOR</b>          |
| <input checked="" type="checkbox"/> <b>PROGRAM</b>                      | <input checked="" type="checkbox"/> <b>FILTER 1</b>          |
| <input checked="" type="checkbox"/> <b>SAMPLE CHAMBER <u>48.9°C</u></b> | <input checked="" type="checkbox"/> <b>FILTER 2</b>          |
| <input checked="" type="checkbox"/> <b>BREATH TUBE <u>48.1°C</u></b>    | <input checked="" type="checkbox"/> <b>FILTER 3</b>          |
| <input checked="" type="checkbox"/> <b>PUMP</b>                         | <input checked="" type="checkbox"/> <b>INTERNAL STANDARD</b> |

|  |   |
|--|---|
| <b>BREATH ANALYZER ACCURACY STANDARDS</b>          |   |
| <input type="checkbox"/> <b>SIMULATOR STANDARD</b> | <input checked="" type="checkbox"/> <b>COMPRESSED ETHANOL-GAS MIXTURE</b> |

|   |                              |                                    |
|---|------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> <b>STANDARD SUPPLIER <u>INTOXIMETER</u></b> | <b>LOT # <u>AG414104</u></b> | <b>EXP. DATE <u>05/20/2026</u></b> |
| <input type="checkbox"/> <b>SIMULATOR TEMP (34°C ± 0.2°C)</b>                   | <b>SIM. SN</b>               | <b>SIM. NIST EXP DATE</b>          |

|  |
|--|
| <input checked="" type="checkbox"/> <b>CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b><br>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"/> <b>0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</b>  |
| <input type="checkbox"/> <b>0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</b>   |
| <input type="checkbox"/> <b>0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</b>   |

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <b>TEST 1: 0.100</b> | <b>TEST 2: 0.099</b> | <b>TEST 3: 0.100</b> |
|----------------------|----------------------|----------------------|

|  |
|--|
| <input checked="" type="checkbox"/> <b>PERFORM R.F.I. TEST</b> |
|--|

|   |                 |                   |                   |                   |                    |
|---|-----------------|-------------------|-------------------|-------------------|--------------------|
| <b>INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:</b> |                 |                   |                   |                   |                    |
| <b>REFUSALS: 1</b>  | <b>0-.04: 5</b> | <b>.05-.09: 0</b> | <b>.10-.14: 0</b> | <b>.15-.19: 0</b> | <b>OVER .19: 1</b> |

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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|  |   |   |
|--|---|---|
| <b>INSPECTING OFFICER</b>              |   |   |
| SIGNATURE<br><i>Keith J Brumfield</i>  | PRINT FULL NAME<br><b>KEITH J BRUMFIELD</b> |   |
| TYPE II PERMIT NUMBER<br><b>230180</b> | EXPIRATION DATE<br><b>08/11/2025</b>        | TELEPHONE NUMBER<br><b>417-451-8012</b> |

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

STANDARD CHANGE

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Neosho Police Department  
INTOX dmt: 500015  
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Date: 09/03/2024  
Time: 13:41:51

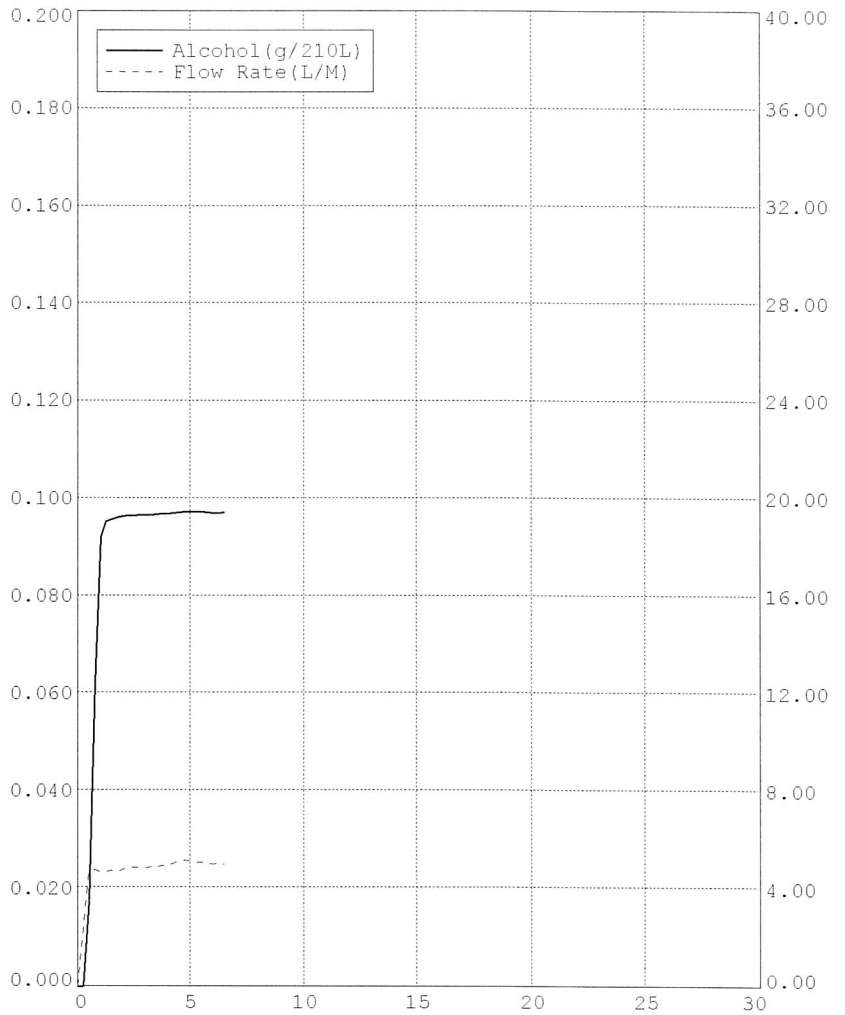
OPERATOR NAME:  
KEITH J BRUMFIELD  
PERMIT NUMBER: 230180  
EXPIRATION DATE: 08/11/2025

LOT #: AG414104  
SUPPLIER: INTOXIMETER  
EXPIRATION: 05/20/2026  
SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION  
CONCENTRATION: 0.100  
TARGET: 0.097

|                   |          |       |
|-------------------|----------|-------|
| BLANK TEST        | 0.000    | 13:42 |
| INTERNAL STANDARD | VERIFIED | 13:42 |
| EXTERNAL STANDARD | 0.097    | 13:43 |
| BLANK TEST        | 0.000    | 13:44 |

Average = 0.0970  
Std Dev = 0.0000  
Spread = 0.0000



*Keith Brumfield*



**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-May-2024

**Lot # AG414104 Model 108**

|                                |                         |   |   |
|--------------------------------|-------------------------|---|---|
| <b>Exp Date</b><br>20-May-2026 | <b>Cyl. Type</b><br>108 | <b>Component</b><br>Ethanol<br>Nitrogen | <b>Certified Concentration</b><br>0.100 ± 2% BrAC (260 ppm) |
|--------------------------------|-------------------------|---|---|

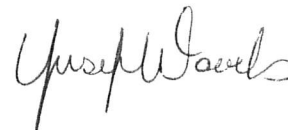
**Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:**

| RGM Serial No. | Concentration | RGM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| EB0010581      | 391.8 ppm     | EB0010603      | 392.5 ppm     |
| EB0010570      | 259.8 ppm     | EB0010559      | 258.9 ppm     |
| EB0010285      | 209.0 ppm     | EB0010562      | 104.2 ppm     |
| EB0010561      | 103.7 ppm     | EB0010579      | 52.94 ppm     |
| EB0010681      | 52.22 ppm     |                |               |

| CRM Serial No. | Concentration | CRM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| CC727481       | 799.4 ppm     | CC727493       | 389.8 ppm     |
| CC727496       | 253.4 ppm     | CC727498       | 150.2 ppm     |

**Analytical Method:** NDIR

Digitally signed by:Quality Control  
 Reason:Dry gas standard certification of analysis  
 Location:Airgas USA LLC (Lab)  
 Date:05.24.2024 08:21



**Approved for Release:** \_\_\_\_\_  
 Yusef Woods

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



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



**PERMIT  
 TYPE II**

**KEITH J. BRUMFIELD**

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 8/11/2023

*Mike Masman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230180

*Paula J. Nickelson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 8/11/2025

MO 580-0771 (6-10)

LAB-4 (R6-10)



**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 BRUMFIELD, KEITH  
 Permit No 230180  
 Date Issued 8/11/2023    Date Expires 8/11/2025

