

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 30 days to the Breath Alcohol Program, DHSS.

INTOX DMT SN <b>500085</b>	NAME OF ADDRESS <b>Missouri State Highway Patrol</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>#2 Justice Lane, Union, MO</b>	

DATE OF INSPECTION <b>05/06/2024</b>
TIME OF INSPECTION <b>22:36:38</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.

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**DIAGNOSTIC RECORD**

DATE AND TIME 05/06/2024 22:36:38

PROGRAM

SAMPLE CHAMBER 48.9°C

BREATH TUBE 48.1°C

PUMP

DETECTOR

FILTER 1

FILTER 2

FILTER 3

INTERNAL STANDARD

**BREATH ANALYZER ACCURACY STANDARDS**

SIMULATOR STANDARD

STANDARD SUPPLIER INTOX MILERS

SIMULATOR TEMP (34°C ± 0.2°C)

COMPRESSED ETHANOL-GAS MIXTURE

AG215701 EXP. DATE 06/06/2024

SIM. NIST EXP DATE

CALIBRATION CHECK - (ONLY ONE STANDARD IS TESTED)  
Run three tests using a standard. All three tests must be within 0.005 or less. Mark the box corresponding to the standard 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

TESTED PER MAINTENANCE REPORT)

of the standard value and must have a spread of 0.005 or less.

AND 0.105% INCLUSIVE

AND 0.084% INCLUSIVE

AND 0.042% INCLUSIVE

TEST 1: 0.099      TEST 2: 0.099      TEST 3: 0.099

PERFORM RFL 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: 1      15-19: 2      OVER 19: 0

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATIONS OR MODIFICATION THAT WOULD RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)

Operational

**INSPECTING OFFICER**

SIGNATURE: *[Signature]*

PRINT FULL NAME  
**HUNTLEY H HOEMANN**

TYPE II IDENTIFICATION NUMBER  
**230296**

TELEPHONE NUMBER

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



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:** 6-Jun-2022

**Lot #** AG215701 **Model** 108

<b>Exp Date</b> 6-Jun-2024	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.100 ± 2% BrAC (260 ppm)
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**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	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

**Analytical Method:** NDIR

Digitally signed by: Quality Control  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)  
Date: 06.07.2022 13:06

Approved for Release:   
Rod Marsala

**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**  
**HUNTLEY H. HOEMANN**

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 12/11/2023  
 NUMBER 230296  
 EXPIRES 12/11/2025

*Mike Muzum*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MS 560 (2/14/10)

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** HOEMANN, HUNTLEY  
**Permit No** 230296  
**Date Issued** 12/11/2023 **Date Expires** 12/11/2025

