

RECEIVED

By Tracy Crews at 7:30 am, Sep 16, 2024



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 500095	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 09/14/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) Pettis Co Jail, 333 S Lamine, Sedalia, MO 65301	TIME OF INSPECTION 09:42:06
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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>09/14/2024 09:42:08</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>45.0°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>INTOXIMETERS</u>	LOT # <u>AG234103</u>	EXP. DATE <u>12/07/2024</u>
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<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____	SIM. SN _____	SIM. NIST EXP DATE _____
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<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: 0.096	TEST 2: 0.095	TEST 3: 0.096
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<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: 2	.15-.19: 0	OVER .19: 0
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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)

SEP 2024 - IN SERVICE 09/14/2024

TROOP A SPARE

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME A S CRAIG
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TYPE II PERMIT NUMBER 240051	EXPIRATION DATE 02/21/2026	TELEPHONE NUMBER
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RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email

DIAGNOSTIC RECORD

Missouri State Highway Patrol
INTOX dmt: 500095

Date: 09/14/2024
Time: 09:24:30

VERSIONS

Missouri DHSS Version: 1.00

TEMPERATURES

Sample Chamber = 48.7°C	PASSED
Breath Tube = 45.2°C	PASSED
Simulator Hose = 45.1°C	PASSED

PUMP INFO

Flow Rate = 4.520 L/M	PASSED
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DETECTOR INFO

PUMP ON	PASSED
PUMP OFF	PASSED

FILTER INFO

Filter 1	PASSED
Filter 2	PASSED
Filter 3	PASSED

INTERNAL STANDARD

Xq = 0.087 0.99%	PASSED
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STANDARD CHANGE

Missouri State Highway Patrol
INTOX dmt: 500095

Date: 09/14/2024
Time: 09:38:02

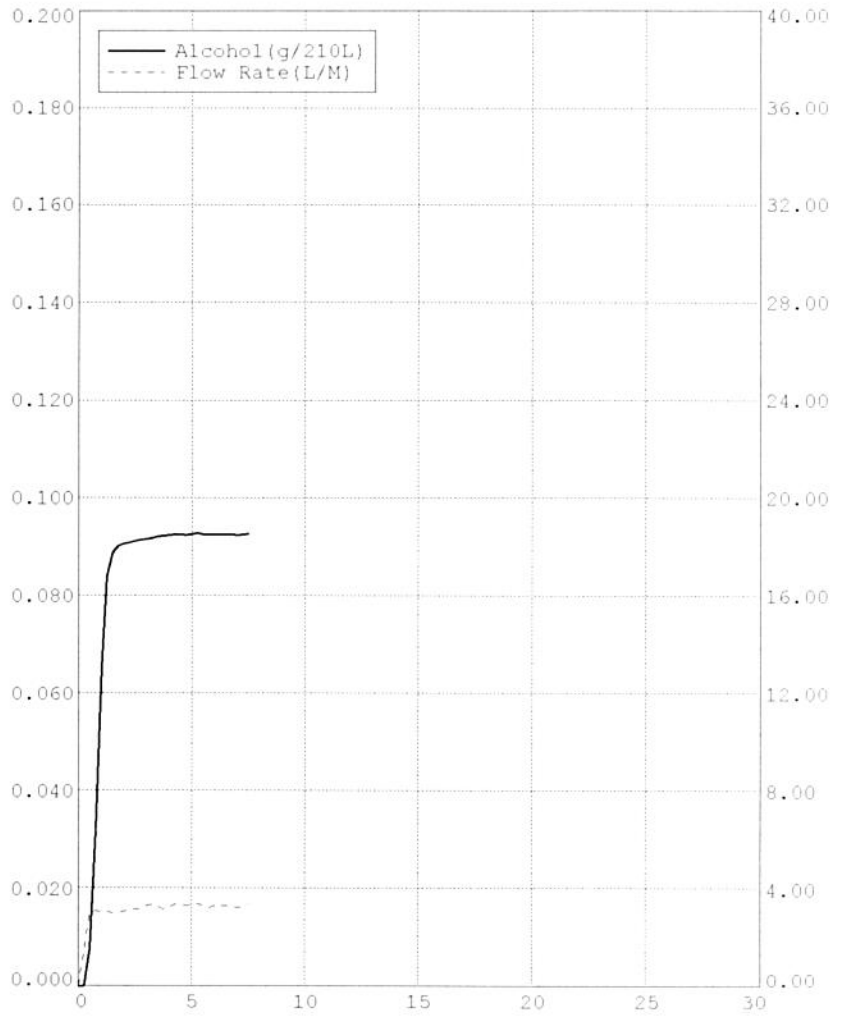
OPERATOR NAME:
A S CRAIG
PERMIT NUMBER: 240051
EXPIRATION DATE: 02/21/2026
MISC:
TROOP A SPARE PLACE IN PETTIS COUNTY JAI

LOT #: AG234103
SUPPLIER: INTOXIMETERS
EXPIRATION: 12/07/2024
SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION
CONCENTRATION: 0.100
TARGET: 0.097

BLANK TEST	0.000	09:39
INTERNAL STANDARD	VERIFIED	09:39
EXTERNAL STANDARD	0.093	09:39
BLANK TEST	0.000	09:40

Average = 0.0930
Std Dev = 0.0000
Spread = 0.0000



CPL A.S.S.



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: 7-Dec-2022

Lot # AG234103 Model 108

Exp Date	Cyl. Type	Component	Certified Concentration
7-Dec-2024	108	Ethanol Nitrogen	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	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Printed by Quality Centre
 3500 Bernard Street
 St Louis, MO 63103
 Airgas USA LLC (LAB)
 01/07/2022 09:22:11 AM

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
AARON S. CRAIG

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 2/21/2024

NUMBER 240051

EXPIRES 2/21/2026

Mike Masman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. 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 CRAIG, AARON
 Permit No 240051
 Date Issued 2/21/2024 Date Expires 2/21/2026

