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By Tracy Crews at 7:40 am, May 22, 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 500123 | NAME OF AGENCY Missouri State Highway Patrol | DATE OF INSPECTION 04/30/2024 |
|------------------------|-------------------------------------------------|----------------------------------|

| | |
|----------------------------------------------------------------|--------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) HWY 254, HERMITAGE | TIME OF INSPECTION 09:12:46 |
|----------------------------------------------------------------|--------------------------------|

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>04/30/2024 09:12:49</u> | <input checked="" type="checkbox"/> DETECTOR |
| <input checked="" type="checkbox"/> PROGRAM | <input checked="" type="checkbox"/> FILTER 1 |
| <input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u> | <input checked="" type="checkbox"/> FILTER 2 |
| <input checked="" type="checkbox"/> BREATH TUBE <u>46.0°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> |
| <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: <u>0.098</u> | TEST 2: <u>0.098</u> | TEST 3: <u>0.098</u> |
|----------------------|----------------------|----------------------|

| |
|---------------------------------------------------------|
| <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: <u>0</u> | <u>0</u> - <u>04</u> : <u>0</u> | <u>05</u> - <u>09</u> : <u>0</u> | <u>10</u> - <u>14</u> : <u>0</u> | <u>15</u> - <u>19</u> : <u>1</u> | OVER <u>19</u> : <u>1</u> |
|--------------------|---------------------------------|----------------------------------|----------------------------------|----------------------------------|---------------------------|

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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INSPECTING OFFICER

| | |
|---------------|-----------------------------------|
| SIGNATURE | PRINT FULL NAME JOSHUA L WHITE |
|---------------|-----------------------------------|

| | | |
|---------------------------------|-------------------------------|----------------------------------|
| TYPE II PERMIT NUMBER 230328 | EXPIRATION DATE 12/21/2025 | TELEPHONE NUMBER 417-895-6868 |
|---------------------------------|-------------------------------|----------------------------------|

RETURN COMPLETED REPORT TO THE 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

Test Date: 7-Dec-2022

Customer Name
 Exclusive Supplier
 Intodmeters, Inc.
 2081 Craig Road
 St. Louis, Mo 63146

Lot # AG234103 Model 108

| | | | |
|------------------------|------------------|----------------------------------|------------------------------------------------------|
| Exp Date 7-Dec-2024 | Cyl. Type 108 | Component Ethanol Nitrogen | Certified Concentration 0.100 ± 2% BrAC (260 ppm) |
|------------------------|------------------|----------------------------------|------------------------------------------------------|

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

| RGM Serial No. | Concentration |
|----------------|---------------|
| EB0010581 | 391.3 ppm |
| EB0010570 | 250.8 ppm |
| EB0010285 | 209.0 ppm |
| EB0010561 | 108.7 ppm |
| EB0010581 | 52.22 ppm |


| RGM Serial No. | Concentration |
|----------------|---------------|
| EB0010563 | 392.5 ppm |
| EB0010559 | 258.9 ppm |
| EB0010562 | 104.2 ppm |
| EB0010579 | 52.94 ppm |

| CRM Serial No. | Concentration |
|----------------|---------------|
| CC727481 | 300.0 ppm |
| CC727496 | 253.0 ppm |

| CRM Serial No. | Concentration |
|----------------|---------------|
| CC727493 | 300.0 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: 12.08.2022 17:20

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

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PERMIT
TYPE II
JOSHUA L. WHITE

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 12/21/2023

NUMBER 230328

EXPIRES 12/21/2025

Mike Massum

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave J. Nielson

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 WHITE, JOSHUA
Permit No 230328
Date Issued 12/21/2023 **Date Expires** 12/21/2025

