



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 500176 | NAME OF AGENCY Missouri State Highway Patrol | DATE OF INSPECTION 04/12/2024 |
| LOCATION OF INSTRUMENT (STREET AND CITY) Crawford County Sheriff's Department | | TIME OF INSPECTION 12:17:11 |

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>04/12/2024 12:17:13</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>46.4°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>AG215701</u> | EXP. DATE <u>06/06/2024</u> |
| <input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____ | SIM. SN _____ | SIM. NIST EXP DATE _____ |

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: 0.098 | TEST 2: 0.098 | TEST 3: 0.097 |
|----------------------|----------------------|----------------------|

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: 1 | .10-.14: 0 | .15-.19: 0 | OVER .19: 0 |
|--------------------|-----------------|-------------------|-------------------|-------------------|--------------------|

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)

INSPECTING OFFICER

| | | |
|--|--|---|
| SIGNATURE | PRINT FULL NAME JEREMY R MCCURDY | |
| TYPE II PERMIT NUMBER 220265 | EXPIRATION DATE 12/02/2024 | TELEPHONE NUMBER 573-368-2345 |

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

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

Test Date: 6-Jun-2022

Lot # AG215701 Model 108

| | | | |
|------------------------|------------------|----------------------------------|--|
| Exp Date 6-Jun-2024 | Cyl. Type 108 | Component Ethanol Nitrogen | Certified Concentration 0.100 ± 2% BrAC (280 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 | EB0010663 | 392.5 ppm |
| EB0010570 | 259.8 ppm | EB0010659 | 258.9 ppm |
| EB0010285 | 209.0 ppm | EB0010682 | 104.2 ppm |
| EB0010551 | 163.7 ppm | EB0010579 | 52.94 ppm |
| EB0010681 | 52.22 ppm | | |

| CRM Serial No. | Concentration | CRM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| CC727481 | 800.0 ppm | CC727483 | 399.0 ppm |
| CC727496 | 263.0 ppm | CC727488 | 150.0 ppm |

Analytical Method: NDIR

Digitally signed by Rodney Marsalis
Reason: My gas detector calibration of analysis
Location: USA LLC (LAB)
Date: 06 07 2022 13:00

Approved for Release: Rod Marsalis
Rod Marsalis

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
JEREMY R. MCCURDY

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 308.111 through 308.119 RSMo.

DATE 12/2/2022 _____
NUMBER 220265 _____
EXPIRES 12/2/2024 _____

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MS-503 (2/11/16) 10'

LAB 4-015 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 from a person in Missouri.

Operator MCCURDY, JEREMY
Permit No 220265
Date Issued 12/2/2022 Date Expires 12/2/2024

