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By Tracy Crews at 12:26 pm, May 30, 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 500213	NAME OF AGENCY West Plains Police Department	DATE OF INSPECTION 05/26/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) West Plains PD, 1912 Holiday Lane, West Plains, Mo	TIME OF INSPECTION 08:01:43
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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>05/26/2024 08:01:46</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>46.2°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>AG220202</u>	EXP. DATE <u>07/20/2024</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: 0.101	TEST 2: 0.100	TEST 3: 0.101
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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: 1	0-.04: 3	.05-.09: 2	.10-.14: 3	.15-.19: 1	OVER .19: 1
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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)

PASSED

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME BRANDON S STEPHENS
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TYPE II PERMIT NUMBER 240085	EXPIRATION DATE 04/02/2026	TELEPHONE NUMBER 417-256-2244
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RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email



WEST PLAINS POLICE DEPARTMENT

1912 HOLIDAY LANE
WEST PLAINS, MO 65775
PHONE 417-256-2244
FAX 417-257-2194



Stephen Monticelli
Chief of Police

Kyle Ellison
Patrol Lieutenant

Recruit Training/FTO Schedule Tyler Gill DSN 5130

- Monday May 20th, 2024 0700 hrs. Report for duty.
- Monday May 20th, 2024, 0800hrs-0900hrs **Sworn in** by Kellie Mayers-See: Cpl. Stephens
- Monday May 20th, 2024, 0900hr-1000 hrs. Computer setup with Tommy and Pounders
- Monday May 20th, 2024, 1000hrs-1500hrs: FTO Program overview/Intox DMT Cert./PBT Cert./Bola Wrap/Spike Strips. Instructor Cpl. Stephens
- Tuesday May 21st, 2024, Off
- Wednesday May 22nd, 2024, Off
- Thursday May 23rd, 2024, 0700-1500 Continuation of Mondays training with Cpl. Stephens.
- Friday May 24th, 2024, 0700-1500 Lidar/Radar Certification/Narcan Cert./Wrap Restraint Device Cert. Instructor Ofc. Powell
- Saturday May 25th, 2024, 0700-1500 Begin FTO with Cpl. Stephens Schedule will be Thursday-Monday 0700-1500hrs.

(NIBRS training-Tara / Less Lethal – Ofc. Brixey / Pepper Ball – Manning or Ellison / MULES Cert – Disp. Redburn) Dates for completion to be determined.



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: 20-Jul-2022

Lot # AG220102 **Model** 108

Exp Date 20-Jul-2024	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 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:07.21.2022 14:10

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

BRANDON STEPHENS

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 4/2/2024

Mike Magnum

NUMBER 240085

Paula J. McCallister

EXPIRES 4/2/2026

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)