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By Tracy Crews at 8:33 am, Dec 09, 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 500238	NAME OF AGENCY Camden Co Sheriffs Office	DATE OF INSPECTION 12/04/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 133 Cherokee, Four Seasons MO 65049	TIME OF INSPECTION 14:31:41
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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>12/04/2024 14:31:44</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>48.1°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
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXILYZER</u>	LOT # <u>AG331301</u>	EXP. DATE <u>11/09/2025</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: <u>0.101</u>	TEST 2: <u>0.101</u>	TEST 3: <u>0.102</u>
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST
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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>0</u>	OVER <u>19</u> : <u>0</u>
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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)


INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME ROBERT W SELBY
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TYPE II PERMIT NUMBER 230052	EXPIRATION DATE 03/27/2025	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



# Certificate of Analysis

U.S. Party Address 100  
Fax: (314) 533-7328

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

Test Date: 9-Nov-2023

Lot # AG331301 Model 108

Exp Date  
9-Nov-2025

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	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.  
CC727481  
CC727496

Concentration  
799.4 ppm  
253.4 ppm

CRM Serial No.  
CC727493  
CC727498

Concentration  
389.8 ppm  
150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control  
Reason: Dry gas standard certification of analysis  
Location: Aligas USA, LLC (Lab)  
Date: 11.09.2023 19:57

Approved for Release:

Yusef Woods

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**  
**BRYCE EASLEY**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH PRINTER, 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 5/23/2023

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230094

*David J. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 5/23/2025

MO 580 0771 (6-10)

LAB-1 (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 EASLEY, BRYCE  
 Permit No 230094  
 Date Issued 5/23/2023 Date Expires 5/23/2025





DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

(2)

**PERMIT  
TYPE II**

**ROBERT SELBY**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH PRINTER, 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 3/27/2023

*Mike Morrison*

NUMBER 230052

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

EXPIRES 3/27/2025

*David J. Robinson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 660-0771 (3-10)

LA9-4 (9-6-10)

STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

**INSTRUMENT OPERATOR CARD**

The named cardholder is authorized to operate any evidential breath alcohol instrument for the determination of the alcoholic content in the air from a person in Missouri.

Operator: **SELBY, ROBERT**  
Permit No: **230052**  
Date Issued: **3/27/2023**      Date Expires: **3/27/2025**

