



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

CERTEC  
Approved Changes as of 03/29/2019 - April 30, 2024

**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 <b>500252</b>	NAME OF AGENCY <b>Cameron Police Department</b>	DATE OF INSPECTION <b>04/29/2024</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>101 North Chestnut, Cameron, Missouri 64429</b>		TIME OF INSPECTION <b>11:49:34</b>

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>04/29/2024 11:49:37</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>47.2°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>AG310901</u>	EXP. DATE <u>04/19/2025</u>
<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____	SIM. SN _____	SIM. NIST EXP DATE _____

<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 type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input checked="" 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: 0.082	TEST 2: 0.080	TEST 3: 0.080
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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: 0	0-.04: 2	.05-.09: 0	.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)

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<b>INSPECTING OFFICER</b>		
SIGNATURE 	PRINT FULL NAME <b>JAMES C PROCTOR</b>	
TYPE II PERMIT NUMBER <b>230062</b>	EXPIRATION DATE <b>04/02/2025</b>	TELEPHONE NUMBER <b>816-632-6521</b>

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  
 Pfr: (314) 533-3100  
 Fax: (314) 533-7328

## Certificate of Analysis

Customer Name  
 Exclusive Supplier  
 Intoximeters, Inc.

Test Date: 20-Apr-2023

2081 Craig Road  
 St. Louis, Mo 63146

Lot # AG310901 Model 108

Exp Date	Cyl. Type	Component	Certified Concentration
19-Apr-2025	108	Ethanol Nitrogen	0.080 ± 0.002 BrAC (208 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

Digitally signed by: Quality Control  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)  
 Date: 04.20.2023 14:28

Approved for Release:   
 Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06  
 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**BLOOD ALCOHOL TEST REPORT - INTOX DMT**

FORM #11

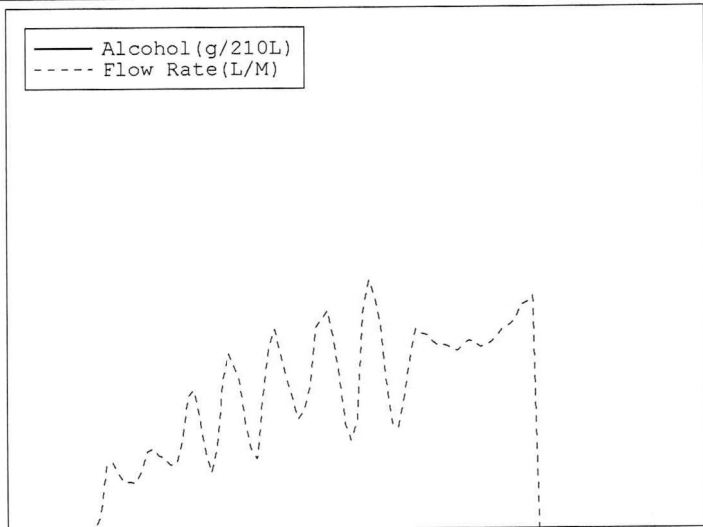
LOCATION OF INSTRUMENT 101 North Chestnut, Cameron, Missouri	INSTRUMENT SERIAL NUMBER 500252	DATE OF TEST 04/29/2024	TIME OBSERVATION PERIOD STARTED 11:45	TIME OF TEST 12:00:01
SUBJECT NAME MONTHLY TEST			DATE OF BIRTH 01/01/1973	
SUBJECT DRIVER'S LICENSE NUMBER 04/2024/			STATE MO	
ARRESTING OFFICER JAMES C PROCTOR		ARRESTING OFFICER ID 107		
OPERATOR JAMES C PROCTOR		OPERATOR PERMIT 230062	PERMIT EXP DATE 04/02/2025	
OBSERVER JAMES C PROCTOR		OBSERVER PERMIT 230062	PERMIT EXP DATE 04/02/2025	

**OPERATIONAL CHECKLIST: INTOX DMT**

- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by JAMES C PROCTOR. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.
- 3. Assure that the power switch is ON and the screen is displaying "Ready <Push Run>".
- 4. Press the Run button on the display screen.
- 5. Enter subject and officer information.
- 6. When display reads "Please Blow" and gives audible beep, insert mouthpiece and take the subject's breath sample.

**SUBJECT TEST RESULTS**

BLANK TEST	0.000	12:00
INTERNAL STANDARD	VERIFIED	12:01
SUBJECT SAMPLE (Vol=3.41L)	0.000	12:01
BLANK TEST	0.000	12:02



COMMENTS

**CERTIFICATION BY OPERATOR**

BAC  
0.000

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

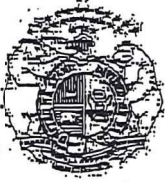
- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.

SIGNATURE OF OPERATOR *[Signature]*

DATE  
04/29/2024

WITNESS (IF ANY)

DATE  
04/29/2024



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



**PERMIT**  
**TYPE II**

**JAMES C. PROCTOR**

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 4/2/2023

NUMBER 230062

EXPIRES 4/2/2025

*Mike M...*


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paul J. Nicholas*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MOSES0-87746-10

LAB-4166185

 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 PROCTOR, JAMES  
 Permit No 230062  
 Date Issued 4/2/2023 Date Expires 4/2/2025

