



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

CERTIFIED
Breath Alcohol Program, Oct 07, 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 500252	NAME OF AGENCY Cameron Police Department	DATE OF INSPECTION 10/07/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 101 North Chestnut, Cameron, Missouri 64429		TIME OF INSPECTION 02:41:16

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>10/07/2024 02:41:18</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>47.1°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

<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: 0.081	TEST 2: 0.081	TEST 3: 0.081
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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: 0	0-.04: 1	.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)

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

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

Certificate of Analysis

Customer Name
 Exclusive Supplier
 Infocimeters, Inc.
 2081 Craig Road
 St. Louis, Mo 63145

Test Date: 20-Apr-2023

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
EB0010561	391.8 ppm	EB0010603	352.5 ppm
EB0010570	258.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.27 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CCTZ1481	800.0 ppm	CCTZ1493	390.0 ppm
CCTZ1496	253.0 ppm	CCTZ1498	150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
 Responsibility per standard certification of analysis
 Location/Airgas: USA, LLC (Lab)
 Date: 04.20.2023 14:28

Approved for Release: Rod Marsala
 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

JAMES C. PROCTOR

is hereby authorized to instruct and supervise operators, train inspectors, 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 272.020 through 572.041, RSMo and 306.111 through 306.119 RSMo.

DATE 4/2/2023

NUMBER 230062

EXPIRES 4/2/2025

ISS-2774(6-18)


[Signature]

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB 187105



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

