



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
 BREATH ALCOHOL PROGRAM
INTOX DMT MAINTENANCE REPORT

FORM 10-2019 (Rev. 2/17) MOI 22-2020

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 11/22/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 101 North Chestnut, Cameron, Missouri 64429		TIME OF INSPECTION 01:32:41

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.

DIAGNOSTIC RECORD

DATE AND TIME <u>11/22/2024 01:32:43</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>47.9°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS LOT # AG310901 EXP. DATE 04/19/2025

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.

0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE

0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1: 0.082	TEST 2: 0.081	TEST 3: 0.081
---------------	---------------	---------------

PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0	0-.04: 5	.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 PERMIT 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
 Ph: (314) 533-3700
 Fax: (314) 533-7328

Certificate of Analysis

Customer Name
 Exclusive Supplier
 Intoximeters, 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
EB0070561	351.8 ppm	EB0070603	352.5 ppm
EB0070570	258.8 ppm	EB0070559	258.6 ppm
EB0070285	208.0 ppm	EB0070582	104.2 ppm
EB0070567	103.7 ppm	EB0070579	52.94 ppm
EB0070681	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CCTZ1481	800.0 ppm	CCTZ1483	350.0 ppm
CCTZ1486	252.0 ppm	CCTZ1488	150.0 ppm

Analytical Method: NDIR

Digitally signed by Cassidy Corbin
 Reasonable gas standard verification of analysis
 Location: Airgas USA LLC (Lab)
 Date: 2023.04.20 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



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

FORM #11

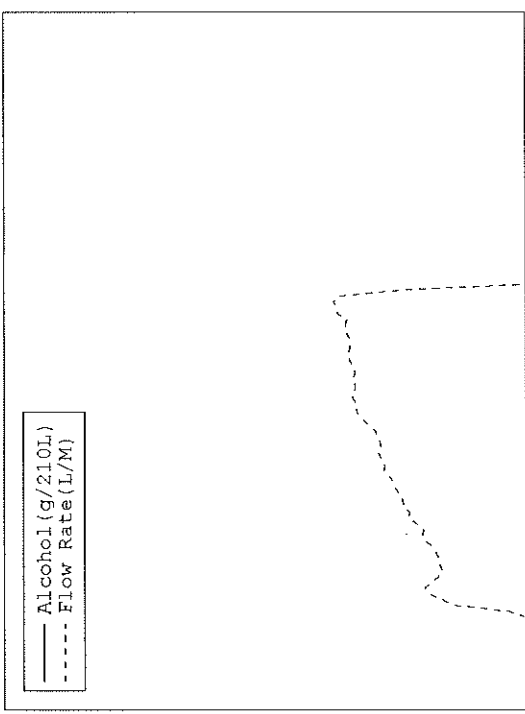
LOCATION OF INSTRUMENT 101 North Chestnut, Cameron, Missouri	INSTRUMENT SERIAL NUMBER 500252	DATE OF TEST 11/22/2024	TIME OBSERVATION PERIOD STARTED 01:31	TIME OF TEST 01:46:00
SUBJECT NAME MONTHLY TEST		DATE OF BIRTH 01/01/1998		
SUBJECT DRIVER'S LICENSE NUMBER 1122024		STATE MO		
ARRESTING OFFICER 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 01:46
 INTERNAL STANDARD VERIFIED 01:47
 SUBJECT SAMPLE (VoI=2.47L) 0.000 01:47
 BLANK TEST 0.000 01:48



COMMENTS

CERTIFICATION BY OPERATOR

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.

BAC
0.000

SIGNATURE OF OPERATOR

DATE
11/22/2024

WITNESS (IF ANY)

DATE
11/22/2024

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



PERMIT
TYPE II

JAMES C. PROCTOR

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

the determination of the alcohol content of blood from a sample of exhaled breath issued under the provisions of sections 202.020 through 202.025, RSMo and 206.110 through 206.115, RSMo.

ISSUED 4/2/2023

PERMIT NO 230062

EXPIRES 4/2/2025

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LSK/11/19

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

INSTRUMENT OPERATOR CARD

The named contributor is authorized to operate an evidential breath alcohol instrument for the determination of the alcohol content in breath from of expired air in Missouri.

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