

RECEIVED

By Tracy Crews at 7:56 am, Jul 17, 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 500275	NAME OF AGENCY Platte County Sheriff's Office	DATE OF INSPECTION 07/16/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 415 Third Street, Platte City, MO 64079	TIME OF INSPECTION 09:53:41
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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.

DIAGNOSTIC RECORD

DATE AND TIME <u>07/16/2024 09:53:43</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>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>INTOXIMETERS</u>	LOT # <u>AG306503</u>	EXP. DATE <u>03/06/2025</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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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: <u>0.099</u>	TEST 2: <u>0.098</u>	TEST 3: <u>0.099</u>
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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: 2	.10-.14: 0	.15-.19: 0	OVER .19: 0
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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 RYAN SCHILDKNECHT
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TYPE II PERMIT NUMBER 230225	EXPIRATION DATE 10/19/2025	TELEPHONE NUMBER 660-543-4573
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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) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

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

Test Date: 7-Mar-2023

Lot # AG306503 **Model** 108

Exp Date	Cyl. Type	Component	Certified Concentration
6-Mar-2025	108	Ethanol Nitrogen	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.	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:03.09.2023 20:47

Approved for Release: _____

Rod Marsala

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

SRO Number: SRO-063154
SRO Type: REPAIR
Customer ID: C000MOCEN1
Contact: Ryan Schildknecht
Ship To:

University Of Central Missouri
Central Receiving
415 East Clark Street
Southeast Complex Bldg B

Received Date: 06/25/2024
SRO Description: DMT Repair
Customer PO: 06252024-Schildknecht
Email: raschildknecht@ucmo.edu

Completion Date: 07/10/2024

Units on SRO

1	50-0110-00	INTOX DMT MISSOURI WET/DRY
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Service Line: 1		**All Instruments are Calibrated to Factory Specifications**									
Unit Type:	(50-0110-00) INTOX DMT MISSOURI WET/DRY										
Serial Number:	50500275										
Reason:	DMT Status Messages										
Reason Notes:	Intl Std										
Resolution:	Internal standard error. Erratic IR detector.										
Resolution Notes:	Replaced RPL comp										
Resolution Notes:	Replaced IR detector. Adjusted and inspected to factory spec.										
<table border="1"> <thead> <tr> <th>Parts:</th> <th>Qty</th> <th>Part Number</th> <th>Part Description</th> </tr> </thead> <tbody> <tr> <td></td> <td>1</td> <td>59-0055-00</td> <td>DMT ELEC DETECTOR PCB ASSY 41601</td> </tr> </tbody> </table>				Parts:	Qty	Part Number	Part Description		1	59-0055-00	DMT ELEC DETECTOR PCB ASSY 41601
Parts:	Qty	Part Number	Part Description								
	1	59-0055-00	DMT ELEC DETECTOR PCB ASSY 41601								
Reason:	DMT Functional										
Reason Notes:	Lock Up										
Resolution:	Memory full, causing slow operation.										
Resolution Notes:	Ers Mem Ers Mem										
Resolution Notes:	Uploaded all data to servers.										
<table border="1"> <tbody> <tr> <td></td> <td>1</td> <td>27-6810-00</td> <td>POWER BATTERY 3V LITHIUM AS4</td> </tr> </tbody> </table>					1	27-6810-00	POWER BATTERY 3V LITHIUM AS4				
	1	27-6810-00	POWER BATTERY 3V LITHIUM AS4								
Reason:	DMT Functional										
Reason Notes:	TimeDrif										
Resolution:	Loses time while powered down.										
Resolution Notes:	Replaced RPL comp										
Resolution Notes:	Replaced 3vdc RTC battery.										



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

2

PERMIT
TYPE II
RYAN SCHILDKNECHT

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, INTOXILYZER 8000, INTOX EC/IR II, ASIV W/PRINTER

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 10/19/2023

NUMBER 230225

EXPIRES 10/19/2025

Laura P. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]

, acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)



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 SCHILDKNECHT, RYAN
Permit No 230225
Date Issued 10/19/2023 Date Expires 10/19/2025