



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

**RECEIVED**

By Tracy Crews at 8:19 am, Aug 02, 2024

REPORT #1

**INTOX DMT MAINTENANCE REPORT**

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>500275</b>	NAME OF AGENCY <b>Platte County Sheriff's Office</b>	DATE OF INSPECTION <b>07/25/2024</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>415 Third Street, Platte City, MO 64079</b>		TIME OF INSPECTION <b>13:09:43</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"/> <b>DIAGNOSTIC RECORD</b>	
DATE AND TIME <u>07/25/2024 13:09:45</u>	<input checked="" type="checkbox"/> <b>DETECTOR</b>
<input checked="" type="checkbox"/> <b>PROGRAM</b>	<input checked="" type="checkbox"/> <b>FILTER 1</b>
<input checked="" type="checkbox"/> <b>SAMPLE CHAMBER 48.8°C</b>	<input checked="" type="checkbox"/> <b>FILTER 2</b>
<input checked="" type="checkbox"/> <b>BREATH TUBE 47.9°C</b>	<input checked="" type="checkbox"/> <b>FILTER 3</b>
<input checked="" type="checkbox"/> <b>PUMP</b>	<input checked="" type="checkbox"/> <b>INTERNAL STANDARD</b>

<b>BREATH ANALYZER ACCURACY STANDARDS</b>	
<input type="checkbox"/> <b>SIMULATOR STANDARD</b>	<input checked="" type="checkbox"/> <b>COMPRESSED ETHANOL-GAS MIXTURE</b>

<input checked="" type="checkbox"/> <b>STANDARD SUPPLIER</b> <u>INTOXIMETERS</u>	<b>LOT #</b> <u>AG417101</u>	<b>EXP. DATE</b> <u>06/19/2026</u>
<input type="checkbox"/> <b>SIMULATOR TEMP (34°C ± 0.2°C)</b> _____	<b>SIM. SN</b> _____	<b>SIM. NIST EXP DATE</b> _____

<input checked="" type="checkbox"/> <b>CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b> 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"/> <b>0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</b>
<input type="checkbox"/> <b>0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</b>
<input type="checkbox"/> <b>0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</b>

<b>TEST 1: 0.100</b>	<b>TEST 2: 0.100</b>	<b>TEST 3: 0.100</b>
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<input checked="" type="checkbox"/> <b>PERFORM R.F.I. TEST</b>
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

<b>REFUSALS: 0</b>	<b>0-.04: 0</b>	<b>.05-.09: 0</b>	<b>.10-.14: 0</b>	<b>.15-.19: 0</b>	<b>OVER .19: 0</b>
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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)

Placed back into service. Standard Change before maintenance.

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>Caleb Jeffries</i>	PRINT FULL NAME <b>CALEB M JEFFRIES</b>
TYPE II PERMIT NUMBER <b>220222</b>	TELEPHONE NUMBER <b>816-858-2424</b>
EXPIRATION DATE <b>09/09/2024</b>	

RETURN COMPLETED REPORT TO THE **Breath Alcohol Program, Missouri Department of Health and Senior Services**  
by mail, fax, or email

STANDARD CHANGE

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Platte County Sheriff's Office  
INTOX dmt: 500275  
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Date: 07/25/2024  
Time: 13:05:59

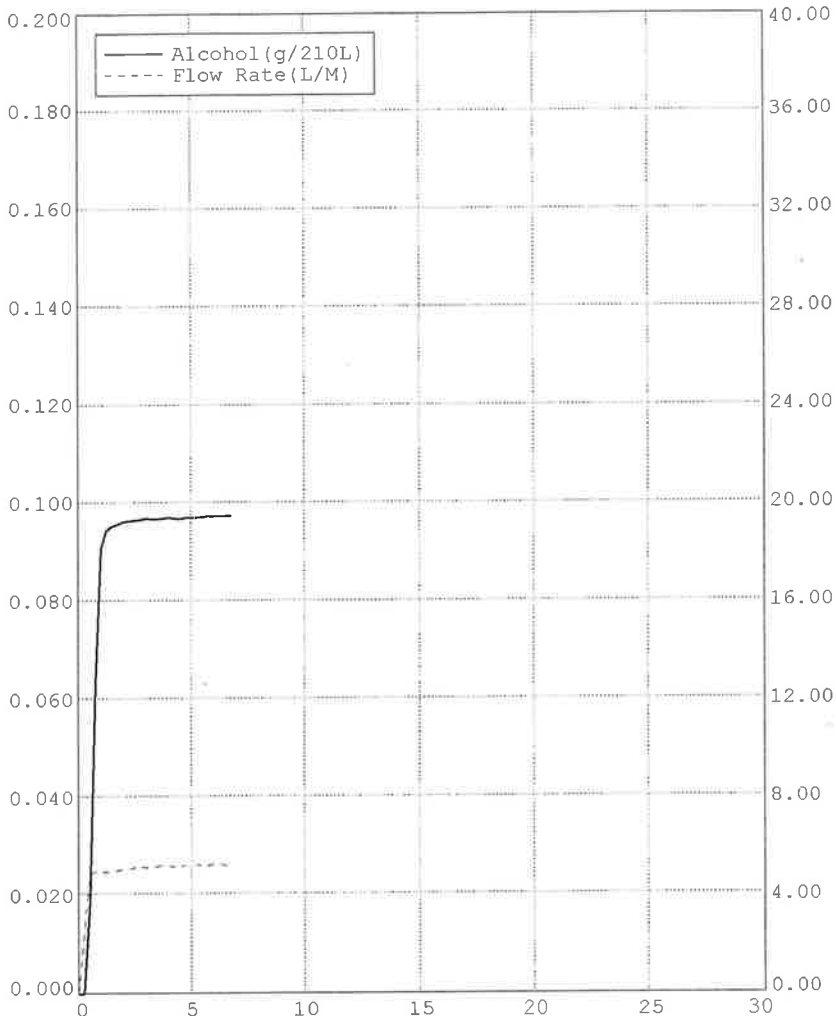
OPERATOR NAME:  
CALEB M JEFFRIES  
PERMIT NUMBER: 220222  
EXPIRATION DATE: 09/09/2024

LOT #: AG417101  
SUPPLIER: INTOXIMETERS  
EXPIRATION: 06/19/2026  
SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION  
CONCENTRATION: 0.100  
TARGET: 0.097

BLANK TEST	0.000	13:07
INTERNAL STANDARD	VERIFIED	13:07
EXTERNAL STANDARD	0.098	13:07
BLANK TEST	0.000	13:08

Average = 0.0980  
Std Dev = 0.0000  
Spread = 0.0000



*Caleb Jeffries*



**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:** 20-Jun-2024

**Lot #** AG417101 **Model** 108

<b>Exp Date</b> 19-Jun-2026	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.100 ± 2% BrAC (260 ppm)
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**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	799.4 ppm	CC727493	389.8 ppm
CC727496	253.4 ppm	CC727498	150.2 ppm

**Analytical Method:** NDIR

Digitally signed by:Quality Control  
 Reason:Dry gas standard certification of analysis  
 Location:Airgas USA LLC (Lab)  
 Date:06.21.2024 07:18

**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  
CALEB M. JEFFRIES

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 9/9/2022

NUMBER 220222

EXPIRES 9/9/2024

MD 682 071 (6-19)

*Thomas C. Klay*  
\_\_\_\_\_  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald S. Korman*  
\_\_\_\_\_  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (REV 10)

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

**INSTRUMENT OPERATOR CARD**

The holder of this card is authorized to operate an Intoximeter 3000, alcohol instrument for the determination of the alcoholic content in breath from a person's blood.

Operator **JEFFRIES, CALEB**  
Permit No **220222**  
Date Issued **9/9/2022** Date Expires **9/9/2024**

