

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						
Complete this report whenever the instrument is service Retain the original and send a copy within 15 days to the				service.		
INTOX DMT SN NAME OF AGENCY Columbia PD				DATE OF INSPECTION 05/13/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) 600 E. Walnut			·	TIME OF INSPECTION 14:48:17		
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 05/13/2024 14:48:20 ☑ DETECTOR						
☑ PROGRAM ☑ FILTER 1						
☑ SAMPLE CHAMBER 48.8°C ☑ FILTER 2						
☑ BREATH TUBE 43.5°C ☑ FILTER 3						
⊠ PUMP		INTERNA	L STANDAF	RD		
BREATH ANALYZER ACCURACY STANDARDS						
☐ SIMULATOR STANDARD		COMPRE	SSED ETH	ANOL-GAS MIXTU	PRE	
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#	AG320002		EXP. DATE_	07/19/2025	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN_		sı	M. NIST EXP DATI	E	
 □ 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: 0.101 TEST	Г 2: 0.100		TEST 3: 0,101			
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWING	RANGES	SINCE THE	LAST MAINTEN	ANCE REPORT:	
REFUSALS: 0 004: 0 .050	09: 0	.10-,14: 0	• •• "	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ON THAT WAS MADE TO R	ESTORE THE INS	STRUMENT TO OF	PERATE SATISFACTORILY	AND WITHIN	
return to service						
INSPECTING OFFICER						
SIGNATURE Mark D. Abalne		PRINT FULL NAI	ME HOEHNE			
TYPE II PERMIT NUMBER 220158	06/14/2024		EPHONE NUMBE 573-874-75			
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: 20-Jul-2023

Lot # AG320002 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

19-Jul-2025

108

Ethanol Nitrogen $0.100 \pm 2\%$ 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 800.0 ppm

CRM Serial No. CC727493

Concentration

CC727481 CC727496

253.0 ppm

CC727498

390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Locatlon:Alrgas USA LLC (Lab) Data:07.20.2023 17:18

Approved for Release:

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

MARK D HOEHNE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, 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. BSMo and 306 111 through 306 119 BSMo

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DATE 6/14/2022	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 220158				
EXPIRES 6/14/2024	Daven J. Neclaster			
MO 580-0771 (0-10)	DIRECTOR OF DEPARTMENT OF HEALTHAND SENIOR SERVICES LAB-4 (R6-10)			



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

The named enritholder is authorized to operate an evidential broath alcohol instrument for the determination of the alcoholic content in broath form of expired air

HOEHNE, MARK

Date Expires 6/14/2024

