



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

INTOX DMT MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 12:22 pm, Aug 30, 2024

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 500267 | NAME OF AGENCY Bowling Green PD | DATE OF INSPECTION 08/29/2024 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 15 W. Church Street, Bowling Green, MO 63334 | | TIME OF INSPECTION 11:03:19 |

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>08/29/2024 11:03:22</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>46.2°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>AG420707</u> | EXP. DATE <u>07/25/2026</u> |
| <input type="checkbox"/> 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.

| |
|--|
| <input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE |
| <input 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: 0.099 | TEST 2: 0.099 | TEST 3: 0.100 |
|----------------------|----------------------|----------------------|

PERFORM R.F.I. TEST

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

| | | | | | |
|-------------|----------|------------|------------|------------|-------------|
| REFUSALS: 0 | 0-.04: 0 | .05-.09: 0 | .10-.14: 1 | .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 <i>Tracy Crews</i> | PRINT FULL NAME ANEL PALISLAMOVIC | |
| TYPE II PERMIT NUMBER 230301 | EXPIRATION DATE 12/11/2025 | TELEPHONE NUMBER 636-300-2800 |

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

STANDARD CHANGE

Bowling Green PD
INTOX dmt: 500267

Date: 08/29/2024
Time: 10:59:11

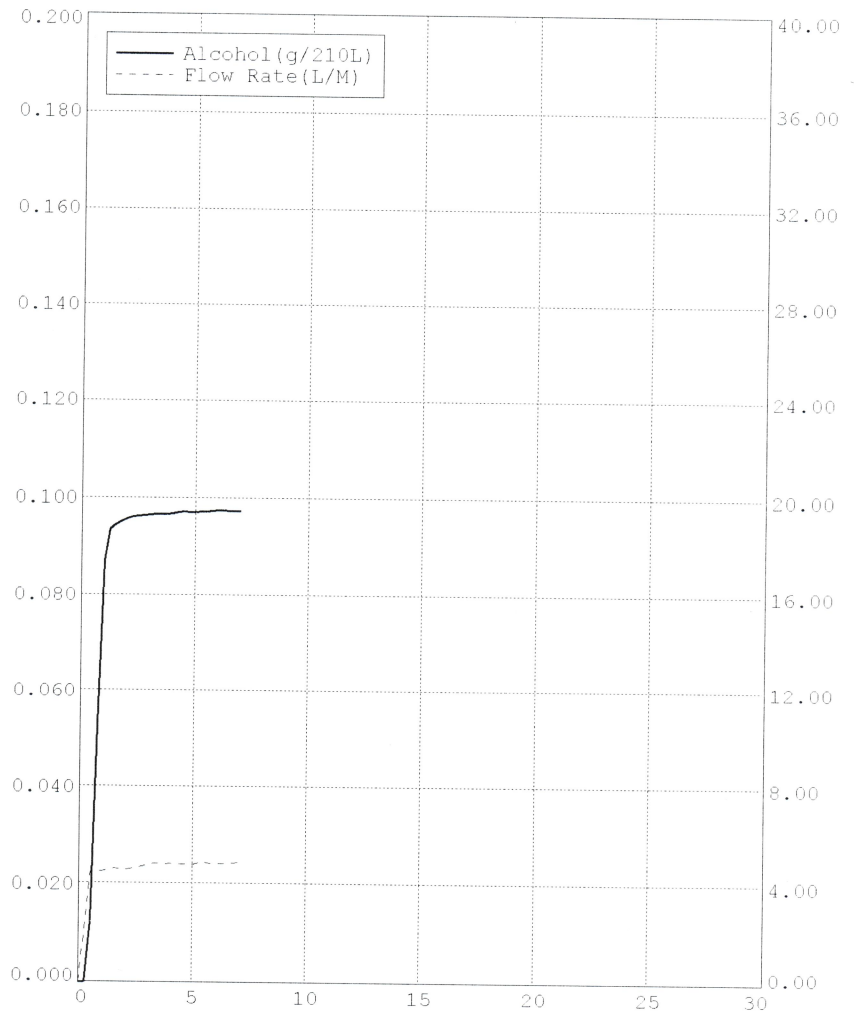
OPERATOR NAME:
ANEL PALISLAMOVIC
PERMIT NUMBER: 230301
EXPIRATION DATE: 12/11/2025

LOT #: AG420707
SUPPLIER: INTOXIMETERS
EXPIRATION: 07/25/2026
SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION
CONCENTRATION: 0.100
TARGET: 0.097

| | | |
|-------------------|----------|-------|
| BLANK TEST | 0.000 | 11:00 |
| INTERNAL STANDARD | VERIFIED | 11:00 |
| EXTERNAL STANDARD | 0.096 | 11:00 |
| BLANK TEST | 0.000 | 11:01 |

Average = 0.0960
Std Dev = 0.0000
Spread = 0.0000



TPA 222



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: 25-Jul-2024

Lot # AG420707 Model 108

| | | | |
|--------------------------------|-------------------------|---|---|
| Exp Date 25-Jul-2026 | Cyl. Type 108 | Component Ethanol Nitrogen | Certified Concentration 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 | 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: 07.25.2024 20:29



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

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PERMIT
TYPE II
ANEL PALISLAMOVIC

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 12/11/2023

Mike Masema

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230301

Paula J. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 12/11/2025

MO 580-0771 (6-10)

LAB-4 (R6-10)

 **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 PALISLAMOVIC, ANEL
Permit No 230301
Date Issued 12/11/2023 **Date Expires** 12/11/2025

