



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

**RECEIVED**  
By Tracy Crews at 2:18 pm, Jun 28, 2024 #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 500604	NAME OF AGENCY Sikeston PD	DATE OF INSPECTION 06/27/2024
LOCATION OF INSTRUMENT (STREET AND CITY) S. Kingshighway Sikeston, MO		TIME OF INSPECTION 07:04:18

**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>06/27/2024 07:04:20</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>47.1°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>GUTH</u>	LOT # <u>302402630685</u>	EXP. DATE <u>01/12/2026</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.

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: 0.100	TEST 2: 0.099	TEST 3: 0.099
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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: 0	.05-.09: 0	.10-.14: 2	.15-.19: 4	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)

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**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME JORDAN R CLIFF	
TYPE II PERMIT NUMBER 230101	EXPIRATION DATE 05/30/2025	TELEPHONE NUMBER 573-471-4711

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

# CERTIFICATE OF ANALYSIS

## EBS - ETHANOL BREATH STANDARD

Sales order: 1118532050

Date: March 07, 2023

SIKESTON PUBLIC SAFETY DEPT

METHOD OF ANALYSIS: IR Breath Alcohol Analyzer

ANALYTICAL ACCURACY: +/-0.002 BrAC or +/-2% whichever is greater.

CALGAZ LOT#: 302-402630685

ETHANOL IN NITROGEN

Product Expiration: January 12, 2026

COMPONENT	PPM	( BrAC )
ETHANOL	260.5PPM	(0.100)
NITROGEN	BAL	
AVERAGE ANALYTICAL VALUE	PPM	( BrAC )
ETHANOL	261.5	(0.100)

REFERENCE STANDARD	CYLINDER	CONCENTRATION PPM
N.M.I. TRACEABLE STANDARDS*	ND38434	260.4

\* CERTIFICATION TRACEABLE TO NATIONAL METROLOGY INSTITUTE TRACEABLE STANDARDS

### TRACEABILITY

#### Preparation:

Gas mixtures manufactured with balances calibrated by an ISO 17025 accredited company using NIST traceable weights and meets or exceeds the requirements of NIST Handbook 44.

Traceable certificate numbers 3445312 and 3398673.

#### Analytical:

Analytical Instruments Calibrated Using NMI Traceable Standards.

Certification Numbers: A679-20190918, D049803-20220329

No effecting environmental conditions during analysis.

\*NMI is recognized by NIST through the Mutual Recognition Agreement (CIPM MRA).

CALGAZ calibration devices were found to meet all applicable requirements of the National Highway Traffic Safety Administration Model Specifications for calibrating units for breath alcohol testers.

Manufactured Date: January 12, 2023

APPROVED BY: \_\_\_\_\_



"We certify that all the cylinders for the Lot numbers identified herein are manufactured and tested within the requirements of CFR 49 part 178.65 and that physical and chemical test reports are on file and copies will be furnished upon request."

**CALGAZ, a division of Airgas USA LLC**

821 Chesapeake Drive, Cambridge, MD 21613-0149

Phone: (410) 228-6400

Fax: (410) 228-4251



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

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**PERMIT**  
**TYPE II**  
**JORDAN CLIFF**

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

**INFOX 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 5/30/2023

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230101

*David J. Nielsen*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 5/30/2025

MO 582-0771 (6-18)

LAB-06-18

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

**INSTRUMENT OPERATOR CARD**

The person authorized is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath from a person in Missouri.

Operator: **CLIFF, JORDAN**  
Permit No: **230101**  
Date Issued: **5/30/2023** Date Expires: **5/30/2025**

