

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

#### INTOX DMT MAINTENANCE REPORT

DEDODT #4

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.
NAME OF AGENCY 500083  NAME OF AGENCY Missouri State Highway Patrol  DATE OF INSPECTION 03/01/2025
Pineville Police Department  Time of INSPECTION  09:04:11
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 03/01/2025 09:04:14
☑ PROGRAM ☑ FILTER 1
☑ BREATH TUBE 46.9°C  ☑ FILTER 3
☑ PUMP ☑ INTERNAL STANDARD
BREATH ANALYZER ACCURACY STANDARDS
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE
STANDARD SUPPLIER INTOXIMETERS LOT # AG320501 EXP. DATE 07/24/2025
☐ SIMULATOR TEMP (34°C ± 0.2°C)SIM. SNSIM. NIST EXP DATE
<ul> <li>□ 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.</li> <li>□ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</li> <li>□ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</li> <li>□ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</li> </ul>
TEST 1: 0.099 TEST 2: 0.099 TEST 3: 0.099
☑ PERFORM R.F.I. TEST
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
REFUSALS: 1 004: 0 .0509: 0 .1014: 2 .1519: 1 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 PRINT FULL NAME MATTHEW J HICKMAN
TYPE II PERMIT NUMBER  230186  EXPIRATION DATE  TELEPHONE NUMBER
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: 26-Jul-2023

Lot # AG320501 Model 108

**Exp Date** 

24-Jul-2025

Cyl. Type

108

Component

Ethanol

Certified Concentration

0.100 ± 2% BrAC (260 ppm)

Nitrogen

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

**RGM Serial No.** 

EB0010581

EB0010570 EB0010285

EB0010561

EB0010681

Concentration

391.8 ppm

259.8 ppm 209.0 ppm

103.7 ppm

52.22 ppm

**RGM Serial No.** 

EB0010603

EB0010559

EB0010562 EB0010579 Concentration

392.5 ppm

258.9 ppm

104.2 ppm

52.94 ppm

CRM Serial No.

CC727481 CC727496

253.0 ppm

Concentration 800.0 ppm

CRM Serial No.

CC727493

CC727498

Concentration

390.0 ppm

150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:07.26.2023 12:45

Approved for Release:

los Marsola

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

## **MATTHEW J. HICKMAN**

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. Mike Masson DATE \_\_\_\_8/22/2023 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 230186 Davla J. Nichelson

EXPIRES 8/22/2025

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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

Operator HICKMAN, MATTHEW

Permit No 230186

Date Issued 8/22/2023 **Date Expires** 8/22/2025

