

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

INTOX DMT MAINTENANCE REPORT

REPORT #1

MICK DIVIT WAINTENANCE	KLIOKI			
Complete this report at the time of the regular montl Complete this report whenever the instrument is ser Retain the original and send a copy within 15 days t	viced or repaired and v	vhenever it is place	exceed 35 days). ed into service.	
intox dmt sn NAME OF AGENCY West Plains Po	· · · · · · · · · · · · · · · · · · ·	DATE OF INSPECTION 01/16/2020		
LOCATION OF INSTRUMENT (STREET AND CITY) West Plains PD, 1912 Holiday Lane, West Pl		TIME OF INSPECTION 16:42:29		
CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be	if found to be satisfact e corrected before usin	ory or is operating g instrument.	within established limits.	(Write in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME 01/16/2020 16:42:31	X	DETECTOR		
☑ PROGRAM	FILTER 1	FILTER 1		
☑ SAMPLE CHAMBER 48.9°C				
☑ BREATH TUBE 48.0°C		FILTER 3		
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARD	S			
☐ SIMULATOR STANDARD	COMPRESSED ETHANOL-GAS MIXTURE			
	LOT#_ <i>_</i>	AG907710	EXP. DATE	03/18/2021
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIMULAT	OR SN	SIMULATOR EXP D	ATE
 CALIBRATION CHECK - (ONLY ONE STAN Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to	the standard being use TWEEN 0.095% AND TWEEN 0.076% AND	ed. 0.105% INCLUS 0.084% INCLUS	VE VE	
TEST 1: 0.102 TEST 2: 0.101			TEST 3: 0.101	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWING	RANGES SINC	E THE LAST MAINTEN	ANCE REPORT:
<u> </u>	0509: 1	.1014: 2	.1519: 1	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	CATION THAT WAS MADE TO R	ESTORE THE INSTRUME	NT TO OPERATE SATISFACTORILY	AND WITHIN
INSPECTING OFFICER				
SIGNATURE		PRINT FULL NAME KYLE PARRIS	H	
TYPE II PERMIT NUMBER 5 'S 280315	11/07/2020	TELEPHON	E NUMBER	
So	utheast District Office 75 James Blvd, Poplar	Bluff, MO 63901	f Health and Senior Servic	ces
MO 580-2898 (3-13)	AN EQUAL OPPORTUNITY/AFF	IRMATIVE ACTION EMPL	UYEK	LAB-100



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-Mar-2019

Lot # AG907710 Model 108cacd

Exp. Date

Cyl. Type

Component

Certified Concentration

18-Mar-2021

108

Ethanol Nitrogen $0.100 \pm 2\%$ BrAC (260 ppm)

Balance

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

RGM Serial No. EB0010581 EB0010570 EB0010285 EB0010561

259.8 ppm 208.0 ppm

Concentration

Concentration

103.6 ppm 52.12 ppm

392.1 ppm

RGM Serial No. EB0010603

EB0010559 EB0010595

EB0010562

Concentration 393.0 ppm 258.2 ppm

208.3 ppm 104.2 ppm 52.81 ppm

CRM Serial No. CC434668

EB0010681

800.0 ppm CC234503 253.0 ppm **CRM Serial No.**

0056649 0056662

EB0010579

Concentration

390.1 ppm 150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2019.03.20 11:13:55 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

ISO 17025:2005 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

KYLE PARRISH

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

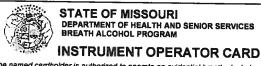
INTOX DMT

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.

and document the state of the s	OUC. HE REMO.
DATE	wante
NUMBER 280315	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 11/7/2020	Lef Ulletin
NO con and to the	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 ail in Missouri.

Operator PARRISH, KYLE Permit No 280315

Date Issued 11/7/2018 Date Expires 11/7/2020

