



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this repo	rt at the time of the regi rt whenever the instrum and send a copy within	nent is serviced or repai	ired and when	ever it is placed			
NAME OF AGENCY West Plains Police Department					DATE OF INSPECTION 08/04/2020		
West Plains PD, 1912 Holiday Lane, West Plains, Mo					TIME OF INSPECTION 09:18:33		
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							
DATE AND TIME <u>08/04/2020 09:18:35</u>				☑ DETECTOR			
☑ PROGRAM				☑ FILTER 1			
☑ SAMPLE CHAMBER 48.8°C ☑ FILTER 2							
☑ BREATH TUBE 44.8°C ☑ FILTER 3							
⊠ PUMP	☑ PUMP ☑ INTERNAL STANDARD						
BREATH ANALYZ	ZER ACCURACY STA	NDARDS					
SIMULATO	☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE						
☑ STANDARD SI	JPPLIER INTOXIME	TERS L	_OT#_AG90	7710	EXP. DATE_	03/18/2021	
☐ SIMULATOR T	EMP (34°C ± 0.2°C)	s	SIM. SN		SIM. NIST EXP DAT	E	
of .005 or less. ☑ 0.10% ☐ 0.08%	CHECK - (ONLY ON susing a standard. All the Mark the box correspon STANDARD - MUST F STANDARD - MUST F STANDARD - MUST F	onding to the standard I READ BETWEEN 0.09 READ BETWEEN 0.07	being used. 15% AND 0.10 16% AND 0.08	5% INCLUSIVE 4% INCLUSIVE		a	
TEST 1: 0.101	TEST 1: 0.101 TE		EST 2: 0.100		TEST 3: 0.100		
☑ PERFORM R.F	I.I. TEST						
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:							
REFUSALS: 0	004: 0	.0509: 1	.101	14: 1	.1519: 1	OVER .19: 1	
LIST ANY NEW PARTS ANI ESTABLISHED LIMITS (USI	D DESCRIBE ANY ALTERATION E OTHER SIDE IF NECESSARY)	OR MODIFICATION THAT WAS I	WADE TO RESTORI	THE INSTRUMENT T	D OPERATE SATISFACTORILY	AND WITHIN	
INSPECTING OFF	ICER						
SIGNATURE SIGNATURE				PRINT FULL NAME BRANDON ROMANS			
TYPE II PERMIT NUMBER 280321		EXPIRATION 0 11/16/2		417-256-2			
	ETED REPORT TO T	HE Breath Alcohol Proby mail, fax, or em		uri Department c	of Health and Senior S	ervices	
MO 580 2898 (5-19)	900	ANI COULAL OPPOPT	ELINITE CONTRACTOR	E ACTION EMPLOYEE			



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 18-Mar-2021 Cyl. Type 108

Component Ethanol

Certified Concentration $0.100 \pm 2\%$ BrAC (260 ppm)

Nitrogen

Balance

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

RGM Serial No. EB0010581 EB0010570

392.1 ppm 259.8 ppm EB0010285 208.0 ppm 103.6 ppm

EB0010561 EB0010681

52.12 ppm

CRM Serial No. CC434668 CC234503

Concentration

Concentration

800.0 ppm 253.0 ppm

RGM Serial No. EB0010603

EB0010559 EB0010595

EB0010562 EB0010579

CRM Serial No.

0056649 0056662 **Concentration** 393.0 ppm

258.2 ppm 208.3 ppm 104.2 ppm

52.81 ppm

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:

Morsola Rod Marsala

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

BRANDON ROMANS

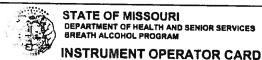
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

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.

DATE11/16/2018	wonde
NUMBER 280321	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 11/16/2020	El Ville
MO 580 0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



The named cardholder is authonzed to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired a n Missouri.

Operator ROMANS, BRANDON Permit No 280321

Date Expires 11/16/2020

