## RECEIVED

By Tracy Crews at 8:25 am, Apr 10, 2023



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

### INTOX DMT MAINTENANCE REPORT

REPORT #1

INTOX DMT MAINTENANCE R	EFORT					
Complete this report at the time of the regular monthly Complete this report whenever the instrument is service Retain the original and send a copy within 15 days to the complete the contract of the contr	ed or repaired and w	henever it is placed ir	nto service.			
TOX DMT SN 500014  NAME OF AGENCY Grandview Police Department			04/09/2023			
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 Main St, Grandview, MO 64030			TIME OF INSPECTION 16:22:04			
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>04/09/2023 16:22:07</u> ☐ DETECTOR						
☑ PROGRAM ☑ FILTER 1						
SAMPLE CHAMBER 48.8°C						
☐ BREATH TUBE 43.8°C ☐ ☐ FILTER 3						
☑ PUMP ☑ INTERNAL STANDARD						
BREATH ANALYZER ACCURACY STANDARDS						
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE						
X STANDARD SUPPLIER INTOXIMETERS	LOT#_A	G222203	EXP. DATE <u>08/</u>	10/2024		
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN_		SIM. 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>						
ST 1: 0.080 TEST 2: 0.079		TEST 3: 0.080				
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
		1014: 1	.1519: <b>0</b>	OVER .19: 4		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICAT ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ION THAT WAS MADE TO RE	STORE THE INSTRUMENT TO	D OPERATE SATISFACTORILY AND	WITHIN		
INSPECTING OFFICER						
SIGNATURE		PRINT FULL NAME JOSEPH THEIS				
TYPE II PERMANUMBER 210180	08/12/2023	TELEPHONE NU	MBER			
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: 10-Aug-2022

Lot # AG222203 Model 108

**Exp Date** 

Cyl. Type

Component

**Certified Concentration** 

10-Aug-2024

108

Ethanol Nitrogen

 $0.080 \pm 0.002$  BrAC (208 ppm)

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

**RGM Serial No.** EB0010581

Concentration

**RGM Serial No.** 

Concentration

EB0010570

391.8 ppm

EB0010603 EB0010559 392.5 ppm

EB0010285

259.8 ppm 209.0 ppm

EB0010562

258.9 ppm

EB0010561

103.7 ppm

EB0010579

104.2 ppm 52.94 ppm

EB0010681

52.22 ppm

**CRM Serial No.** 

Concentration

**CRM Serial No.** CC727481 CC727496

Concentration 800.0 ppm 253.0 ppm

CC727493 CC727498

390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Afrasa USA LLC (Lab) Date:08.11.2022 14:28

Approved for Release:

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 || JOSEPH THEIS

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	8/12/2021	Laura Q Day
DAIL		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	210181	Will from the second
EXPIRES	8/12/2023	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 in Missouri.

Operator THEIS, JOSEPH Permit No 210181

