### RECEIVED

By Tracy Crews at 1:08 pm, Oct 20, 2023



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

#### INTOX DMT MAINTENANCE REPORT

REPORT #1

INTOX DIVIT IVIAINT LIVANO	L IXLI OIXI						
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.							
500026 NAME OF AGENCY Hollister Police			10/19/2023				
LOCATION OF INSTRUMENT (STREET AND CITY)  240 Hollister Pointe Drive			TIME OF INSPECTION 21:09:54				
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	<del>`</del>						
DATE AND TIME 10/19/2023 21:09:56	DATE AND TIME 10/19/2023 21:09:56						
☑ PROGRAM	⊠ FILT	ER 1					
SAMPLE CHAMBER 48.9°C     ■	☑ SAMPLE CHAMBER 48.9°C ☑ FILTER 2						
☑ BREATH TUBE_45.2°C							
☑ PUMP	X INTE	ERNAL STAND	ARD				
BREATH ANALYZER ACCURACY STANDAR	DS						
☐ SIMULATOR STANDARD	MULATOR STANDARD   COMPRESSED ETHANOL-GAS MIXTURE						
STANDARD SUPPLIER INTOXIMETERS	LOT#_AG205	902	EXP. DATE <u>02/2</u>	28/2024			
☐ 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></ul>							
TEST 1: 0.078	TEST 2: 0.078		TEST 3: 0.078				
PERFORM R.F.I. TEST			***				
INDICATE THE NUMBER OF BREATH TEST	S IN THE FOLLOWING RAN	GES SINCE TH	IE LAST MAINTENANC	CE REPORT:			
REFUSALS: 0 004: 0	.0509: 0	4: 2	.1519: 0	OVER .19: 0			
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	FICATION THAT WAS MADE TO RESTORE	THE INSTRUMENT TO	OPERATE SATISFACTORILY AND	WITHIN			
INSPECTING OFFICER							
SIGNATURE PRINT FULL NAME DAVID W BRINEGAR							
TYPE II PERMIT NUMBER 230042	EXPIRATION DATE 03/27/2025	417-334-3					
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: 8-Mar-2022

Lot # AG205902 Model 108

Exp Date 28-Feb-2024 Cyl. Type 108 **Component** Ethanol Certifled Concentration 0.080 ± 0.002 BrAC (208 ppm)

Nitrogen

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52 22 ppm		• •

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:03.09.2022 14:14

Approved for Release:

Rod Marsala

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

## DAVID W. BRINEGAR

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

### ALCO-SENSOR IV WITH PRINTER, 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 3/27/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230042

EXPIRES 3/27/2025

DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES

LAB-4 (1/15-10)



The named cardholder is suiborized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired al in Missout.

Operator BRINEGAR, DAVID Permit No 230042

ate Issued 3/27/2023 Date Expires 3/27/202

