#### **RECEIVED**

By Tracy Crews at 12:03 pm, Jan 27, 2023



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

#### INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the regular mode Complete this report whenever the instrument is setain the original and send a copy within 15 days.	erviced or repaired and	d whenever	it is placed into			
INTOX DMT SN NAME OF AGENCY 500083 Missouri State Highway Patrol				DATE OF INSPECTION 01/05/2023		
LOCATION OF INSTRUMENT (STREET AND CITY)  McDonald County SO				TIME OF INSPECTION 16:58:21		
CHECKLIST: Place a mark in the box by each ite values where determined). Unmarked items must	em if found to be satisfable be corrected before u	actory or is o	operating withir nent.	established limits. (Wr	rite in observed	
☑ DIAGNOSTIC RECORD						
DATE AND TIME 01/05/2023 16:58:24		☑ DETECT	CTOR			
☑ PROGRAM ☑			FILTER 1			
☑ SAMPLE CHAMBER 48.7°C						
☑ BREATH TUBE 47.8°C ☑ FILTER 3						
□ PUMP □ INTERNAL STANDARD						
BREATH ANALYZER ACCURACY STANDAR	DS					
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE						
☑ STANDARD SUPPLIER INTOXIMETERS	LOT#	AG12560	01	EXP. DATE09/	13/2023	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	1ULATOR TEMP (34°C ± 0.2°C)SIM. SN		SI	SIM. NIST EXP DATE		
<ul> <li>□ CALIBRATION CHECK - (ONLY ONE STAR Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding</li> <li>□ 0.10% STANDARD - MUST READ E</li> <li>□ 0.08% STANDARD - MUST READ E</li> <li>□ 0.04% STANDARD - MUST READ E</li> </ul>	to the standard being BETWEEN 0.095% AN BETWEEN 0.076% AN	used. ND 0.105% ND 0.084%	INCLUSIVE INCLUSIVE	must have a spread		
TEST 1: 0.097	TEST 2: 0.098		TEST 3: 0.097			
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TEST	S IN THE FOLLOWI	NG RANGE	S SINCE THE	LAST MAINTENANG	CE REPORT:	
REFUSALS: 1 004: 0	.0509: 1	.1014:	1	.1519: 5	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODI ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	FICATION THAT WAS MADE TO	O RESTORE THE	EINSTRUMENT TO O	PERATE SATISFACTORILY AND	O WITHIN	
				-		
INSPECTING OFFICER						
SIGNATURE		PRINT FULL	NAME REY T DAY			
TYPE II PERMIT HUMBER	EXPIRATION DATE	JEIT	TELEPHONE NUMB			
210146  RETURN COMPLETED REPORT TO THE	07/23/2023		417-895-68			
_	Breath Alcohol Progran by mail, fax, or email	n, Missouri I	Department of I	Health and Senior Serv	rices	
MO 580-2898 (5-19)	AN EQUAL OPPORTUNITY/	AFFIRMATIVE A	CTION EMPLOYER		LAB-166	



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: 13-Sep-2021

Lot # AG125601 Model 108

Exp Date 13-Sep-2023 Cyl. Type

Component

**Certified Concentration** 

108

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

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

Concentration RGM Serial No. 392.1 ppm EB0010581 259.8 ppm EB0010570 208.0 ppm EB0010285 103.6 ppm EB0010561 52.12 ppm EB0010681

Concentration RGM Serial No. 393.0 ppm EB0010603 258.2 ppm EB0010559 208.3 ppm EB0010595 104.2 ppm EB0010562 52.81 ppm EB0010579

CRM Serial No. CC434668

mqq 0.008

Concentration

CRM Serial No.

Concentration 390.1 ppm

CC234503

253.0 ppm

0056649 0056662 150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:09.14.2021 18:36

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** 



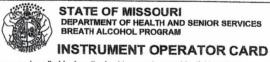
# PERMIT TYPE

# JEFFREY T. DAY

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 oboth though a	119 H3M0.
DATE7/23/2021	Laura G. Day
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 210146	Carlo Carrollando
EXPIRES 7/23/2023	- Collette Manuel
0.500.0774 (0.10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
O 580-0771 (6-10)	LAB4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the algoholic content in breath form of expired all

DAY, JEFFREY

Permit No 210146 Date Issued 7/23/2021

Date Expires 7/23/2023

