### **RECEIVED**

By Tracy Crews at 9:17 am, May 17, 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 regula Complete this report whenever the instrumen Retain the original and send a copy within 15	t is serviced or repaire	ed and whenever	it is placed into			
NTOX DMT SN NAME OF AGENCY  Missouri State Highway Patrol				DATE OF INSPECTION 05/06/2023		
LOCATION OF INSTRUMENT (STREET AND CITY)  McDonald County SO				TIME OF INSPECTION 16:50:10		
CHECKLIST: Place a mark in the box by early values where determined). Unmarked items r	ch item if found to be nust be corrected bef	satisfactory or is fore using instrum	operating withir nent.	n established limits.	(Write in observed	
☑ DIAGNOSTIC RECORD						
DATE AND TIME <u>05/06/2023 16:50:13</u> ☑ DETECTOR						
☑ PROGRAM ☑ FILTER 1						
☑ SAMPLE CHAMBER 48.7°C ☑ FILTER 2						
☑ BREATH TUBE 48.1°C ☑ FILTER 3						
☑ PUMP ☑ INTERNAL STANDARD						
BREATH ANALYZER ACCURACY STANI	DARDS					
☐ SIMULATOR STANDARD					IRE	
STANDARD SUPPLIER INTOXIMETE	ERSLC	OT# <u>AG12560</u>	)1	EXP. DATE	09/13/2023	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SII	M. SN	S	IM. NIST EXP DATI	E	
<ul> <li>         \[             \text{CALIBRATION CHECK - (ONLY ONE Run three tests using a standard. All three of .005 or less. Mark the box corresponding 0.10% STANDARD - MUST RE.</li> <li>         \[             \text{0.08% STANDARD - MUST RE.}         \]     </li> <li>         \[             \text{0.04% STANDARD - MUST RE.}     \]     </li> </ul>	ling to the standard b AD BETWEEN 0.095 AD BETWEEN 0.076	eing used. 5% AND 0.105% 5% AND 0.084%	INCLUSIVE INCLUSIVE	must have a spread	d	
TEST 1: 0.097 TEST 2: 0.097			TEST 3: 0.097			
PERFORM R.F.I. TEST	and the second s					
INDICATE THE NUMBER OF BREATH TE	ESTS IN THE FOLL	OWING RANGE	S SINCE THE	LAST MAINTENA	ANCE REPORT:	
REFUSALS: 0 004: 0	.0509: 2	.1014: 3	3	.1519: 0	OVER .19: 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	MODIFICATION THAT WAS M	IADE TO RESTORE THE	INSTRUMENT TO O	PERATE SATISFACTORILY	AND WÎTHIN	
INSPECTING OFFICER						
SIGNATURE			PRINT FULL NAME  JEFFREY T DAY			
TYPE II PERMIT NUMBER 210146	EXPIRATION D 07/23/20	ATE	TELEPHONE NUMBE 417-895-68			
RETURN COMPLETED REPORT TO THE		ogram, Missouri D		Health and Senior S	ervices	



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

Cyl. Type

Component

**Certified Concentration** 

13-Sep-2023

108

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

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

Concentration Concentration RGM Serial No. RGM Serial No. 393.0 ppm EB0010603 EB0010581 392.1 ppm EB0010559 258.2 ppm EB0010570 259.8 ppm 208.3 ppm EB0010595 208.0 ppm EB0010285 104.2 ppm EB0010562 103.6 ppm EB0010561 52.81 ppm EB0010579 52.12 ppm EB0010681

CRM Serial No.

Concentration 800.0 ppm

CC434668 800.0 ppm CC234503 253.0 ppm CRM Serial No.

0056649 0056662 Concentration

390.1 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas siendard certification of analysis Location:Afrgas U8A LLC (Leb) Date:09.14.2021 18:36

Approved for Release:

Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



MO 580-0771 (6-10)

## STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

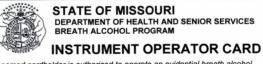


LAB-4 (R6-10)

# PERMIT TYPE II

# **JEFFREY T. DAY**

is hereby authorized to instruct and supervise operand operate the following breath analyzer(s):	erators, train instructors, inspect, calibrate, perform field service and repairs,
	INTOX DMT
for the determination of the alcoholic content of bloc 577.020 through 577.041, RSMo and 306.111 thro	od from a sample of expired air. Permit issued under the provisions of sections ugh 306.119 RSMo.  Laura & Day
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 210146	The Kniph
EXPIRES 7/23/2023	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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

Operator DAY, JEFFREY

Permit No 210146

Date Issued 7/23/2021 Da

Date Expires 7/23/2023

