RECEIVED By Tracy Crews at 2:13 pm, Mar 22, 2023

**REPORT #1** 

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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

#### INTOX DMT MAINTENANCE REPORT

and the second se			ad 2E days)		
Complete this report at the time of the regular month Complete this report whenever the instrument is sen	viced or repaired and	whenever it is placed in	o service.		
Retain the original and send a copy within 15 days to	the Breath Alcohol F	Program, DHSS.			
NAME OF AGENCY	nty Sheriffs Office		DATE OF INSPECTION 03/01/2023		
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION 05:12:05		
300 E. 7th Street, Pineville, Missouri 64856 CHECKLIST: Place a mark in the box by each item	if found to be satisfac	ctory or is operating with		e in observed	
values where determined). Onmarked items must be	corrected before usi	ng instrument.			
IIAGNOSTIC RECORD					
DATE AND TIME <u>03/01/2023 05:12:08</u>					_
DROGRAM		S FILTER 1	84		_
SAMPLE CHAMBER 48.7°C	-	S FILTER 2			-
BREATH TUBE 48.1°C		FILTER 3			-
DUMP		INTERNAL STANDA	RD		
BREATH ANALYZER ACCURACY STANDARDS	3		ANOL GAS MIXTURE		
SIMULATOR STANDARD			EXP. DATE 01/1	1/2024	
STANDARD SUPPLIER INTOXIMETERS		AG210103	IM. NIST EXP DATE	1/2024	-
<ul> <li>SIMULATOR TEMP (34°C ± 0.2°C)</li> <li>CALIBRATION CHECK - (ONLY ONE STAND Run three tests using a standard. All three tests</li> </ul>	SIM. SN				
of .005 or less. Mark the box corresponding to □ 0.10% STANDARD - MUST READ BE <sup>-</sup> □ 0.08% STANDARD - MUST READ BE <sup>-</sup> □ 0.04% STANDARD - MUST READ BE <sup>-</sup>	TWEEN 0.095% AND TWEEN 0.076% AND	0.105% INCLUSIVE 0.084% INCLUSIVE			
	ST 2: 0.077		TEST 3: 0.077		
PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS I	N THE FOLLOWING	G RANGES SINCE TH	E LAST MAINTENANCE	E REPORT:	
DEFLISALS: 0 0-04: 1 .05	509: 0	.1014: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICA ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	TION THAT WAS MADE TO R	ESTORE THE INSTRUMENT TO C	PERATE SATISFACTORILY AND W	<b>/ITHIN</b>	
ESTABLISHED LIMITS (USE OTHER SIDE IF NEOLOGARY)					_
	2				
INSPECTING OFFICER				1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	
		PRINT FULL NAME WILLIAM L DAVEN	PORT		
TYPE II PERMIT NUMBER 220165	EXPIRATION DATE 06/24/2024	TELEPHONE NUME	ER		
	I Alcohol Program	Missouri Department of	Health and Senior Servic	es	
	ail, fax, or email				
/IO 580-2898 (5-19) AN	EQUAL OPPORTUNITY/AFF	IRMATIVE ACTION EMPLOYER		L	AB-16



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-Apr-2022

#### Lot # AG210103 Model 108

Exp Date	СуІ. Туре	Component	Certified Concentration
11-Apr-2024	108	Ethanol	0.080 ± 0.002 BrAC (208 ppm)
		Nitrogen	

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

<b>RGM Serial No.</b>	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: NDI			

Rod Marsale 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

WILLIAM L. DAVENPORT

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.

Mike Massin

DATE \_\_\_\_\_6/24/2022

NUMBER 220165

EXPIRES 6/24/2024

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Danla I. Nichelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

	STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM			
	INSTRUMENT OPERATOR CARD			
	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 DAVENPORT, WILLIAM Permit No 220165			
	Date Issued 6/24/2022         Date Expires 6/24/2024			