

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

By Stephen Wilson at 9:31 am, Apr 13, 2020

BREATH ALCOHOL PROGRAM

INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the regular Complete this report whenever the instrument Retain the original and send a copy within 15	is serviced or repaired and	whenever it is place				
500010 Eureka Po				DATE OF INSPECTION 04/12/2020		
LOCATION OF INSTRUMENT (STREET AND CITY) 120 City Hall Drive, Eureka, Mo. 63025			TIME OF INSPECTION 13:02:53			
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>04/12/2020 13:02:56</u> ☑ DETECTOR						
☑ PROGRAM ☑ FILTER 1						
☑ SAMPLE CHAMBER 48.8°C ☑ FILTER 2						
☑ BREATH TUBE 46.1°C ☑ FILTER 3						
☑ PUMP ☑ INTERNAL STANDARD						
BREATH ANALYZER ACCURACY STANDARDS						
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE						
STANDARD SUPPLIER INTOXIMETE	RS LOT#_	AG824901	EXP. DATE <u>09</u>	/06/2020		
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIMULAT	OR SN	SIMULATOR EXP DAT	E		
□ CALIBRATION CHECK - (ONLY ONE S Run three tests using a standard. All three of .005 or less. Mark the box correspondi □ 0.10% STANDARD - MUST REA □ 0.08% STANDARD - MUST REA □ 0.04% STANDARD - MUST REA	ng to the standard being us D BETWEEN 0.095% AND D BETWEEN 0.076% AND	sed. D 0.105% INCLUSI D 0.084% INCLUSI	VE VE			
TEST 1: 0.098	TEST 2: 0.098		TEST 3: 0.097			
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TE	STS IN THE FOLLOWING	3 RANGES SINCE	THE LAST MAINTENAN	CE REPORT:		
REFUSALS: 0 004: 0	.0509: 0	.1014: 0	.1519: 0	OVER .19: 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ODIFICATION THAT WAS MADE TO R	RESTORE THE INSTRUMEN	IT TO OPERATE SATISFACTORILY ANI	D WITHIN		
monthly test						
INSPECTING OFFICER						
SIGNATURE		PRINT FULL NAME LUCAS S LOW	F			
TYPE II PERMIT NUMBER 290134	EXPIRATION DATE 06/21/2021	TELEPHONE 636-93	NUMBER			
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services Southeast District Office 2875 James Blvd, Poplar Bluff, MO 63901						



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: 6-Sep-2018

Lot # AG824901 Model 108cacd

Exp. Date 6-Sep-2020

Cyl. Type 108

Component

Ethanol Nitrogen Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Balance

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

Serial No. EB0010581 EB0010570 EB0010285 EB0010561 EB0010681	Concentration 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm	Serial No. EB0010603 EB0010559 EB0010595 EB0010562 EB0010578	Concentration 383.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control
Date: 2018.09.06 15:44:15 -05:00
Reason: Dry gas standard certification of analysis
Location: Airpas USA LLC (Lab)

Approved for Release:



MO 580-0771 (6-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

LUCAS LOWE

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 6/21/2019

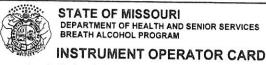
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290134

EXPIRES 6/21/2021

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 LOWE, LUCAS Permit No 290134

Date Issued 6/21/2019 Date Expires 6/21/2021

