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By Tracy Crews at 8:14 am, Sep 14, 2020



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 mo Complete this report whenever the instrument is s Retain the original and send a copy within 15 days	serviced or repaired and v	vhenever it is placed in	to service.			
NAME OF AGENCY 500014			DATE OF INSPECTION 09/11/2020	09/11/2020		
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 Main St, Grandview, MO 64030			TIME OF INSPECTION 13:14:31			
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 09/11/2020 13:14:33						
☑ PROGRAM ☑ FILTER 1						
☑ SAMPLE CHAMBER 48.7°C ☑ FILTER 2						
☑ BREATH TUBE 48.1°C ☑ FILTER 3						
PUMP ☐ INTERNAL STANDARD						
BREATH ANALYZER ACCURACY STANDARDS						
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE						
☑ STANDARD SUPPLIER INTOXIMETERS	LOT#_ <i>F</i>	\G923908	EXP. DATE <u>08</u>	/27/2021		
SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN_		SIM. NIST EXP DATE_			
□ CALIBRATION CHECK - (ONLY ONE STAR Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding □ 0.10% STANDARD - MUST READ B □ 0.08% STANDARD - MUST READ B □ 0.04% STANDARD - MUST READ B	to the standard being use BETWEEN 0,095% AND BETWEEN 0,076% AND	ed. 0,105% INCLUSIVE 0.084% INCLUSIVE	nd must have a spread			
TEST 1: 0.078	TEST 2: 0.076		TEST 3: 0.076			
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS: 0 004: 0	.0509: 0	.1014: 0	.1519: 0	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 RE	ESTORE THE INSTRUMENT TO	OPERATE SATISFACTORILY AND	DWITHIN		
INSPECTING OFFICER		PRINT FULL NAME				
TYPE II PERMIT NUMBER	EXPIRATION DATE	JUSTIN WOOD				
290180	08/13/2021	816-316-4				
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: 29-Aug-2019

Lot # AG923908 Model 108cacd

Exp. Date

Cyl. Type

Component

Certified Concentration

27-Aug-2021

108

Ethanol Nitrogen 0.080 ± 0.002 BrAC (208 ppm)

Balance

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

Concentration	RGM Serial No.	Concentration
392.1 ppm	EB0010603	393.0 ppm
259.8 ppm	EB0010559	258.2 ppm
208.0 ppm	EB0010595	208.3 ppm
103.6 ppm	EB0010562	104.2 ppm
52.12 ppm	EB0010579	52.81 ppm
Concentration	CRM Serial No.	Concentration
800.0 ppm	0056649	390.1 ppm
253.0 ppm	0056662	150.2 ppm
	392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm Concentration 800.0 ppm	392.1 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2019.08,30 14:11:22 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07