**REPORT #1** 



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

#### INTOX DMT MAINTENANCE REPORT

Complete this report at the tir Complete this report whenever Retain the original and send a	er the instrument is serv	riced or repaired and	I whenever it is pl	laced into s			
INTOX DMT SN 500015	OX DMT SN NAME OF AGENCY				DATE OF INSPECTION 10/07/2020		
LOCATION OF INSTRUMENT (STREET A 201 North College St, Net		TI	TIME OF INSPECTION 14:06:53				
CHECKLIST: Place a mark i values where determined). U	n the box by each item nmarked items must be	if found to be satisfa corrected before us	ctory or is operat	ting within e	established limits	. (Write in observed	
DIAGNOSTIC RECORE	)						
DATE AND TIME 10/0	7/2020 14:06:55		DETECTOR				
X PROGRAM			I FILTER 1				
SAMPLE CHAMBER 48.8°C			I FILTER 2				
BREATH TUBE 47.	1°C		FILTER 3				
X PUMP			INTERNAL STANDARD				
BREATH ANALYZER ACC	URACY STANDARDS						
SIMULATOR STANDARD			COMPRESSED ETHANOL-GAS MIXTURE				
STANDARD SUPPLIER	INTOXIMETERS	LOT #	AG931104	-	EXP. DATE	11/07/2021	
☐ SIMULATOR TEMP (34°	C ± 0.2°C)	SIM. SN		SIM	I. NIST EXP DA	TE	
0.08% STANDA	box corresponding to t RD - MUST READ BET RD - MUST READ BET RD - MUST READ BET	he standard being u WEEN 0.095% AN WEEN 0.076% AN	sed. D 0.105% INCLU D 0.084% INCLU	JSIVE JSIVE	iust nave a spre	au	
TEST 1: 0.099 T		EST 2: 0.099		Т	TEST 3: 0.099		
PERFORM R.F.I. TEST							
INDICATE THE NUMBER (	OF BREATH TESTS I	N THE FOLLOWIN	G RANGES SIN	NCE THE I	AST MAINTEN	NANCE REPORT:	
REFUSALS: 1 004	4: 0 .05	09: <b>0</b>	.1014: 0		1519: <b>0</b>	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ESTABLISHED LIMITS (USE OTHER SIDE	ANY ALTERATION OR MODIFICA E IF NECESSARY)	TION THAT WAS MADE TO	RESTORE THE INSTRU	JMENT TO OPE	RATE SATISFACTORIL	Y AND WITHIN	
				×			
INSPECTING OFFICER				Sec.			
SIGNATURE			PRINT FULL NAME		<u>ן</u>		
		EXPIRATION DATE	TELEPH	ONE NUMBER	292. 29		
290141 RETURN COMPLETED RE		06/27/2021		-451-8012			
	by m	th Alcohol Program, ail, fax, or email		ment of He	alth and Senior	Services	
MO 580 2808 (5 10)	A.1	NEOLIAL ODDODTUNITY	CIDMATING COTION				

# Airgas.

Airgas USA LLC (LAB)

3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

Test Date: 9-Nov-2019

### **Certificate of Analysis**

#### Customer Name

Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

## Lot # AG931104 Model 108cacd

Exp. Date 7-Nov-2021 <u>Cyl. Type</u> 108 Component Ethanol Nitrogen <u>Certified Concentration</u> 0.100 ± 2% BrAC (260 ppm) Balance

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

<b>RGM Serial</b>	No.
EB0010581	
EB0010570	
EB0010285	
EB0010561	
EB0010681	

<u>CRM Serial No.</u> CC434668 CC234503 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm <u>Concentration</u> 800.0 ppm

Concentration

RGM Serial No. EB0010603 EB0010559 EB0010595 EB0010562 EB0010579

<u>CRM Serial No.</u> 0056649 0056662 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm Concentration

Concentration

393.0 ppm

390.1 ppm 150.2 ppm

Analytical Method:

NDIR

253.0 ppm

Digitally signed by Quality Control Date: 2019.11.11 10:42:10-06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

Rod Marsala

ISO 17025:2005 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





# **KEITH J BRUMFIELD**

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 \_\_\_\_\_6/27/2019\_\_\_\_\_

NUMBER 290141

EXPIRES 6/27/2021

MO 580-0771 (6-10)

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DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

