By Tracy Crews at 9:29 am, Dec 28, 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 more Complete this report whenever the instrument is seen a copy within 15 days	erviced or repaired and	whenever it is placed		
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS. INTOX DMT SN SOUDT SN Neosho Police Department			DATE OF INSPECTION 12/24/2020	
LOCATION OF INSTRUMENT (STREET AND CITY) 201 North College St, Neosho MO			TIME OF INSPECTION 07:57:21	
CHECKLIST: Place a mark in the box by each ite values where determined). Unmarked items must	em if found to be satisfac	tory or is operating v	vithin established limits. (Write in observed
☑ DIAGNOSTIC RECORD	po dell'edica perere dell'	ig modament.		
DATE AND TIME 12/24/2020 07:57:23	Σ	DETECTOR		
☑ PROGRAM	Σ	FILTER 1		
☑ SAMPLE CHAMBER 48.7°C		FILTER 2		
☑ BREATH TUBE 42.7°C	Σ	FILTER 3		
☑ PUMP	Σ	INTERNAL STA	NDARD	
BREATH ANALYZER ACCURACY STANDAR	DS			
☐ SIMULATOR STANDARD	Σ	COMPRESSED	ETHANOL-GAS MIXTU	RE
	LOT#_/	AG931104	EXP. DATE_	11/07/2021
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE	
□ CALIBRATION CHECK - (ONLY ONE STA Run three tests using a standard. All three test of .005 or less. Mark the box corresponding to 0.10% STANDARD - MUST READ E 0.08% STANDARD - MUST READ E 0.04% STANDARD - MUST READ E	to the standard being us BETWEEN 0.095% AND BETWEEN 0.076% AND	ed. 9 0.105% INCLUSIV 9 0.084% INCLUSIV	E E	1
TEST 1: 0.099	1: 0.099 TEST 2: 0.099		TEST 3: 0.099	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS	S IN THE FOLLOWING	RANGES SINCE	THE LAST MAINTENA	ANCE REPORT:
REFUSALS: 0 004: 2	.0509: 1	.1014: 0	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	FICATION THAT WAS MADE TO R	ESTORE THE INSTRUMENT	TO OPERATE SATISFACTORILY	AND WITHIN
INSPECTING OFFICER SIGNATURE D. J.	EXPIRATION DATE	PRINT FULL NAME KEITH J BRUMI ITELEPHONE I		
290141	06/27/2021	417-45	1-8012	
D	reath Alcohol Program, I / mail, fax, or email	viissouri Departmen	t of 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: 9-Nov-2019

Lot # AG931104 Model 108cacd

Exp. Date

Cyl. Type

Component

Certified Concentration

7-Nov-2021

108

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

Balance

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

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

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method:

NDIR

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:

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



PERMIT TYPE II

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):

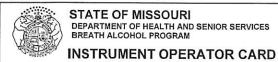
INTOX DMT

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.

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DATE6/27/2019	We have
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 290141	
EXPIRES 6/27/2021	for Ulle
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 BRUMFIELD, KEITH

Permit No 290141

Date Issued 6/27/2019 Date Expires 6/27/2021

