

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 mont Complete this report whenever the instrument is sel Retain the original and send a copy within 15 days	rviced or repaired and	whenever it is placed in			
INTOX DMT SN NAME OF AGENCY Hillsboro Police	DATE OF INSPECTION 04/08/2020				
LOCATION OF INSTRUMENT (STREET AND CITY) 101 Main Street 63050	TIME OF INSPECTION 01:11:58				
CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must b	n if found to be satisfac be corrected before usir	tory or is operating wit	hin established limits. (V	Vrite in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME <u>04/08/2020 01:12:01</u>	Σ	DETECTOR			
☑ PROGRAM	<u> </u>	FILTER 1			
☑ SAMPLE CHAMBER 48.8°C		FILTER 2			
☑ BREATH TUBE 48.1°C		FILTER 3			
☑ PUMP	<u> </u>	INTERNAL STAND	ARD		
BREATH ANALYZER ACCURACY STANDARD	S				
☐ SIMULATOR STANDARD	∑	☐ COMPRESSED ET	THANOL-GAS MIXTUR	E	
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#_ <i>_F</i>	AG916303	EXP. DATE <u>06</u>	3/12/2021	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIMULAT	OR SN	SIMULATOR EXP DAT	ГЕ	
 □ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used. □ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE □ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE 					
TEST 1: 0.078	EST 2: 0.078	-	TEST 3: 0.078		
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWING	RANGES SINCE TH	HE LAST MAINTENAN	NCE REPORT:	
	0509: 0	.1014: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) Monthly maintenance	ATION THAT WAS MADE TO RE	ESTORE THE INSTRUMENT TO	OPERATE SATISFACTORILY AN	ID WÎTHIN	
INSPECTING OFFICER	大百十五十五M				
SIGNATURE GALLY		PRINT FULL NAME GAVIN HOPLER			
TYPE II PERMIT NUMBER 200127	03/09/2022	TELEPHONE NUM			
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: 15-Jun-2019

Lot # AG916303 Model 108cacd

Exp. Date

Cyl. Type

Component

Certified Concentration

12-Jun-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:

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
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: 2019.06.24 09:41:55 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Norl Marsola 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



PERMIT TYPE II

GAVIN B. HOPLER

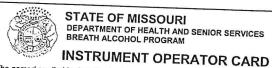
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

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.

306.119 RSI	Mo.
DATE3/9/2020	wante
NUMBER 200127	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 3/9/2022	for Willen
MO 580-0771 (6-10)	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

Operator HOPLER, GAVIN

Permit No 200127

Date Issued 3/9/2020 Date Expires 3/9/2022

