

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 day	serviced or repaired and w	henever it is placed ir		
INTOX DMT SN NAME OF AGENCY HIllsboro Poli	ice Dept.		DATE OF INSPECTION 12/07/2020	
LOCATION OF INSTRUMENT (STREET AND CITY) 101 Main Street 63050			TIME OF INSPECTION 15:13:30	
CHECKLIST: Place a mark in the box by each ite values where determined). Unmarked items must	em if found to be satisfactors be corrected before using	ory or is operating with	nin established limits. (Write	e in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME 12/07/2020 15:13:32	. 🛛	DETECTOR		
☑ PROGRAM	×	FILTER 1		
☑ SAMPLE CHAMBER 48.7°C		FILTER 2		
☑ BREATH TUBE 47.5°C	—————————————————————————————————————	FILTER 3		
☑ PUMP	⊠	INTERNAL STAND	ARD	
BREATH ANALYZER ACCURACY STANDAR	DS			
☐ SIMULATOR STANDARD	×	COMPRESSED ET	HANOL-GAS MIXTURE	
	LOT#_A	G916303	EXP. DATE 06/12	2/2021
☐ 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 use BETWEEN 0.095% AND (BETWEEN 0.076% AND (d. D.105% INCLUSIVE D.084% INCLUSIVE	CE REPORT) Id must have a spread	
TEST 1: 0.078	TEST 2: 0.077		TEST 3: 0.077	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS	S IN THE FOLLOWING I	RANGES SINCE TH	E 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 MODIF ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) Monthly maintainance	FICATION THAT WAS MADE TO RES	STORE THE INSTRUMENT TO	OPERATE SATISFACTORILY AND WI	THIN
INSPECTING OFFICER				
SIGNATURE CH CAN' 19		RINT FULL NAME GAVIN HOPLER		
TYPE II PERMIT NUMBER 200127	EXPIRATION DATE 03/09/2022	TELEPHONE NUM	BER	
RETURN COMPLETED REPORT TO THE Br	reath Alcohol Program, Mi / mail, fax, or email	ssouri Department of	Health and Senior Services	s



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 12-Jun-2021

CRM Serial No.

CC434668 CC234503 Cyl. Type

Component Ethanol

Nitrogen

<u>Certified Concentration</u> 0.080 ± 0.002 BrAC (208 ppm)

Balance

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

ncentration
2.1 ppm
9.8 ppm
3.0 ppm
3.6 ppm
12 ppm

Concentration
800.0 ppm
253.0 ppm

 RGM Serial No.
 Concentration

 EB0010603
 393.0 ppm

 EB0010559
 258.2 ppm

 EB0010595
 208.3 ppm

 EB0010562
 104.2 ppm

 EB0010579
 52.81 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>	
0056649	390.1 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

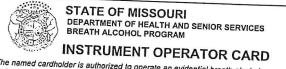
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs,

INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections

306.111 through 306.1	19 RSMo.
DATE3/9/2020	want
NUMBER 200127	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 3/9/2022	fore Ullellen
MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RG-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

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

