By Tracy Crews at 2:40 pm, Apr 15, 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 Complete this report whenever the Retain the original and send a contract the contract that the contract the contract that the contract th	ne instrument is servic	ed or repaired and v	vhenever it is	s placed into	1000000000			
NAME OF AGENCY 500047 Missouri State Highway Patrol					DATE OF INSPECTION 03/18/2020			
LOCATION OF INSTRUMENT (STREET AND CITY) Henry County Jail, Clinton					TIME OF INSPECTION 09:43:38			
CHECKLIST: Place a mark in the values where determined). Unma	ne box by each item if the arked items must be co	found to be satisfact orrected before usin	tory or is ope	erating within	established limits.	(Write in observed		
☑ DIAGNOSTIC RECORD								
DATE AND TIME03/18/2	DATE AND TIME _ 03/18/2020 09:43:40							
☑ PROGRAM			FILTER 1					
☑ SAMPLE CHAMBER 4	8.7°C	×	FILTER 2					
☑ BREATH TUBE 46.4°	3		FILTER 3					
□ PUMP	F:		INTERNA	L STANDA	RD			
BREATH ANALYZER ACCUR	ACY STANDARDS							
☐ SIMULATOR STANDAR	RD	×	COMPRE	SSED ETH	ANOL-GAS MIXTU	JRE		
☑ STANDARD SUPPLIER IN	TOXIMETERS	LOT#_ <i>_</i>	\G815503	w. w. w.	EXP. DATE	06/04/2020		
☐ SIMULATOR TEMP (34°C ±	: 0.2°C)	SIMULAT	OR SN	SI	MULATOR EXP D	DATE		
□ CALIBRATION CHECK - (Run three tests using a stan of .005 or less. Mark the bo □ 0.10% STANDARD □ 0.08% STANDARD □ 0.04% STANDARD	x corresponding to the - MUST READ BETV - MUST READ BETV	e standard being use VEEN 0.095% AND VEEN 0.076% AND	ed. 0.105% INC 0.084% INC	CLUSIVE	must have a sprea	ad		
TEST 1: 0.098	TES	T 2: 0.098		TEST 3: 0.098		######################################		
☑ PERFORM R.F.I. TEST								
INDICATE THE NUMBER OF	BREATH TESTS IN	THE FOLLOWING	RANGES	SINCE THE	LAST MAINTEN	IANCE REPORT:		
REFUSALS: 0 004: 1	.05	09: 2	.1014: 2		.1519: 0	OVER .19: 1		
LIST ANY NEW PARTS AND DESCRIBE ANY ESTABLISHED LIMITS (USE OTHER SIDE IF		ON THAT WAS MADE TO RE	ESTORE THE INS	STRUMENT TO O	PERATE SATISFACTORIL	Y AND WITHIN		
INSPECTING OFFICER								
SIGNATURE PRINT FULL NAME ROBERT C WEST								
TYPE II PERMIT NOMBER		EXPIRATION DATE	The Assessment of the Assessme	EPHONE NUMBE	ER .			
200046		01/09/2022	8	16-622-08	00			
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								
MO 580-2898 (3-13)	ANI	WOULD CHOOD THINITY IN EC	DMATINE ACTIO	NI EMPLOYED				



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

ROBERT C WEST

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

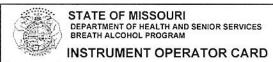
INTOX DMT

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	1/9/2020	wanse		
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER	200046	- W		
EXPIRES	1/9/2022	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 WEST, ROBERT

Permit No 200046

Date Issued 1/9/2020 Date Expires 1/9/2022





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 Crarg Road St Louis Mo 63146 Test Date: 4-Jun-2018

Lot # AG815503 Model 108cacd

Exp. Date

Cyl. Type

Component

Certified Concentration

4-Jun-2020

108

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

Balance

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

Serial No.	Concentration	Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date 2016 06 06 14 55 51 -05 00 Reason Dry gas standard certification of analysis Locidion Argas USA LLC (Lab)

Approved for Release:

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06