

By Tracy Crews at 4:25 pm, Jun 02, 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 monto Complete this report whenever the instrument is se Retain the original and send a copy within 15 days	rviced or repaired and	whenever it is place	ed into service.	
NAME OF AGENCY 500049 Missouri State Highway Patrol			05/22/2020	
LOCATION OF INSTRUMENT (STREET AND CITY) 107 S 11th St. Lexington, MO			TIME OF INSPECTION 15:22:52	
CHECKLIST: Place a mark in the box by each iten values where determined). Unmarked items must be	n if found to be satisfa	ctory or is operating	within established limits	. (Write in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>05/22/2020 15:22:54</u>		☑ DETECTOR		
☑ PROGRAM	5	☑ FILTER 1	5-16	
☑ SAMPLE CHAMBER 48.9°C ☑ FILTER 2				
☑ BREATH TUBE 48.1°C ☑ FILTER 3				
☑ PUMP		☑ INTERNAL STA	ANDARD	
BREATH ANALYZER ACCURACY STANDARD	S			
☐ SIMULATOR STANDARD		COMPRESSE	ETHANOL-GAS MIXT	URE
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#_	AG905203	EXP. DATE	02/21/2021
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIMULA	TOR SN	SIMULATOR EXP	DATE
 □ CALIBRATION CHECK - (ONLY ONE STAN Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to □ 0.10% STANDARD - MUST READ BE □ 0.08% STANDARD - MUST READ BE □ 0.04% STANDARD - MUST READ BE 	the standard being use ETWEEN 0.095% ANI ETWEEN 0.076% ANI	sed. D 0.105% INCLUSI D 0.084% INCLUSI	VE VE	ad
TEST 1: 0.098	TEST 2: 0.098		TEST 3: 0.098	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWIN	G RANGES SINCI	E THE LAST MAINTEN	IANCE REPORT:
REFUSALS: 1 004: 5	0509: 0	.1014: 0	.1519: 1	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ATION THAT WAS MADE TO F	RESTORE THE INSTRUME	NT TO OPERATE SATISFACTORIL	Y AND WITHIN
INSPECTING OFFICER				
SIGNATURE MI Hall		PRINT FULL NAME MATTHEW J H	IANRAHAN	
TYPE II PERMIT NUMBER 290089	04/22/2021	TELEPHONE	AV SESSESSESSESSESSESSESSESSESSESSESSESSES	
RETURN COMPLETED REPORT TO THE Soc 287	rath Alcohol Program, utheast District Office 5 James Blvd, Poplar	MO Department of Bluff, MO 63901	Health and Senior Servi	ces
MO 580-2898 (3-13)	AN EQUAL OPPOPTUNITY/AE	FIDAMATIVE ACTION FMOL	TVED	1.100.100



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: 22-Feb-2019

Lot # AG905203 Model 108cacd

Exp. Date 21-Feb-2021

Cyl. Type 108

Component Ethanol

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Nitrogen

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 02 27 13 07 54 -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

MATTHEW HANRAHAN

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

ALCO-SENSOR IV WITH PRINTER, 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 4/22/2019	want
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 290089	
EXPIRES 4/22/2021	for Ullelan
MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

