

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

INTOX DMT MAINTENANCE REPORT

REPORT #1

THE STATE OF THE S				
Complete this report at the time of the regular monthly preventive main Complete this report whenever the instrument is serviced or repaired a Retain the original and send a copy within 15 days to the Breath Alcol	and whenever it is placed in			
INTOX DMT SN NAME OF AGENCY 500052 Missouri State Highway Patrol		DATE OF INSPECTION 12/02/2020		
LOCATION OF INSTRUMENT (STREET AND CITY) 200 W 9th St., Henrietta, MO 64036		TIME OF INSPECTION 20:58:06		
CHECKLIST: Place a mark in the box by each item if found to be sat values where determined). Unmarked items must be corrected before	sfactory or is operating wit using instrument.	hin established limits. (Writ	te in observed	
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>12/02/2020 20:58:09</u>	☑ DETECTOR			
☑ PROGRAM	☑ FILTER 1			
☑ SAMPLE CHAMBER 48.8°C	☑ FILTER 2			
BREATH TUBE 47.1°C				
☑ PUMP	☑ INTERNAL STAND	ARD		
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD	☑ COMPRESSED ET	HANOL-GAS MIXTURE		
☑ STANDARD SUPPLIER INTOXIMETERS LOT	#_AG905201	EXP. DATE <u>02/2</u>	1/2021	
☐ SIMULATOR TEMP (34°C ± 0.2°C) SIM.	SN	SIM. NIST EXP DATE		
 □ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE Run three tests using a standard. All three tests must be within ±5 of .005 or less. Mark the box corresponding to the standard bein □ 0.10% STANDARD - MUST READ BETWEEN 0.095%. □ 0.08% STANDARD - MUST READ BETWEEN 0.076%. □ 0.04% STANDARD - MUST READ BETWEEN 0.038%. 	g used. AND 0.105% INCLUSIVE AND 0.084% INCLUSIVE	nd must have a' spread		
TEST 1: 0.099 TEST 2: 0.100		TEST 3: 0.099		
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
REFUSALS: 1 004: 1 .0509: 0	.1014: 1	.1519: 2	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	TO RESTORE THE INSTRUMENT TO	O OPERATE SATISFACTORILY AND V	VITHIN	
INSPECTING OFFICER				
SIGNATURE	PRINT FULL NAME ANDREW M BEC	K/MITH		
TYPE II PERMIT NUMBER ! SYMMEN EXPIRATION DATE	TELEPHONE NUI	MBER		
RETURN COMPLETED REPORT TO THE Brooth Alabel Broots				
by mail, fax, or email	am, Missouri Department o	f Health and Senior Servic	es	



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: 21-Feb-2019

Lot # AG905201 Model 108cacd

Exp. Date 21-Feb-2021 **Cyl. Type** 108

<u>Component</u> Ethanol

Nitrogen

<u>Certified Concentration</u> 0.100 ± 2% BrAC (260 ppm)

Balance

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

 RGM Serial No.
 Concentration

 EB0010581
 392.1 ppm

 EB0010570
 259.8 ppm

 EB0010285
 208.0 ppm

 EB0010561
 103.6 ppm

 EB0010681
 52.12 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

 CRM Serial No.
 Concentration

 0056649
 390.1 ppm

 0056662
 150.2 ppm

Analytical Method:

CRM Serial No.

CC434668

CC234503

NDIR

Digitally signed by Quality Control Date: 2019.02.21 15:31:31 -06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Norl Morsola 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

ANDREW BECKWITH

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	3/1/2019	won
NUMBER	290049	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES	3/1/2021	Ef Ulle
AC 585-0771 (S	15)	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES
		LAB 4 (R6.1%)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD
The named cardholder is authorized to operate an evidential breath alcohol
instrument for the determination of the alcoholic content in breath form of expired as
in Missouri
Operator BECKWITH, ANDREW
Permit No 290049
Date Issued 3/1/2019 Date Expires 3/1/2021