RECEIVED

By Tracy Crews at 3:24 pm, Aug 28, 2020



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

	NAME OF TAXABLE PARTY O				
Complete this report at the time of the regular month Complete this report whenever the instrument is ser Retain the original and send a copy within 15 days t	viced or repaired and wh	enever it is placed i			
INTOX DMT SN NAME OF AGENCY 500054 Missouri State Highway Patrol			DATE OF INSPECTION 08/28/2020		
LOCATION OF INSTRUMENT (STREET AND CITY) 2920 N. Shamrock, Jefferson City			TIME OF INSPECTION 10:20:00		
CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be	if found to be satisfactor	ry or is operating with	thin established limits. (Write	e in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME <u>08/28/2020 10:20:02</u>	DATE AND TIME _08/28/2020 10:20:02				
☑ PROGRAM		FILTER 1			
☑ SAMPLE CHAMBER 48.9°C		FILTER 2			
☑ BREATH TUBE 44.8°C		FILTER 3			
☑ PUMP		INTERNAL STAND	OARD		
BREATH ANALYZER ACCURACY STANDARDS	3				
☐ SIMULATOR STANDARD		COMPRESSED E	THANOL-GAS MIXTURE		
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#_AG	004403	EXP. DATE 02/1:	3/2022	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE		
 □ 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: 0.099	EST 2: 0.099		TEST 3: 0.099		
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWING F	RANGES SINCE T	HE LAST MAINTENANCE	REPORT:	
REFUSALS: 0 004: 0 .0	509: 0	014: 0	.1519: 0	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 RES	TORE THE INSTRUMENT TO	O OPERATE SATISFACTORILY AND W	ITHIN	
External Memory Replaced and stepper motor tension adju	sted				
INSPECTING OFFICER					
SIGNATURE		RINT FULL NAME JIMMY L CLEVEL	AND		
TYPE II PERMITYUMBER 290121	EXPIRATION DATE 06/13/2021	573-751-			
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email				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: 17-Feb-2020

Lot # AG004403 Model 108cacd

Exp. Date 13-Feb-2022 Cyl. Type 108 Component 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.	<u>Concentration</u>	
EB0010581	392.1 ppm	
EB0010570	259.8 ppm	
EB0010285	208.0 ppm	
EB0010561	103.6 ppm	
EB0010681	52.12 ppm	

CRM Serial No.	Concentration	
CC434668	800.0 ppm	
CC234503	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: NDIR

Digitally signed by Quality Control Date: 2020.02.18 10:32:01 -06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

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

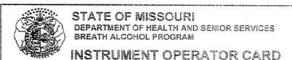
JIMMY L CLEVELAR

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.

DATE6/13/2019	he no
GENERALITY SAUCE AUTOMOSPIE SAUCE NO PRACTICAN EL POSSE NO EL POSSE SE POSSE SE POSSE DE POSSE DE POSSE DE POS	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 290121	
EXPIRES 6/13/2021	
A 27 W	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
WO 580-0771 (6-10)	_/B-\ (R6-\0)



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 CLEVELAND, JIMMY

Permit No 290121

Date Issued 6/13/2019 Date Expires 6/13/2021

