#### **RECEIVED**

By Tracy Crews at 9:02 am, Nov 13, 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 monthly preventive maint Complete this report whenever the instrument is serviced or repaired ar Retain the original and send a copy within 15 days to the Breath Alcohol.	d whenever it is placed into ser		
NAME OF AGENCY 500066 Missouri State Highway Patrol		E OF INSPECTION 1/09/2020	
LOCATION OF INSTRUMENT (STREET AND CITY)  11 West Fourth Street, Grant City, Missouri		E OF INSPECTION 18:16:28	
CHECKLIST: Place a mark in the box by each item if found to be satisfivalues where determined). Unmarked items must be corrected before up	actory or is operating within est sing instrument.	tablished limits. (Write in observed	
☑ DIAGNOSTIC RECORD			
DATE AND TIME 11/09/2020 08:16:30	☑ DETECTOR		
☑ PROGRAM	☑ FILTER 1		
☑ SAMPLE CHAMBER 48.8°C	☑ FILTER 2		
☑ BREATH TUBE 48.1°C ☑ FILTER 3			
☑ PUMP ☑ INTERNAL STANDARD			
BREATH ANALYZER ACCURACY STANDARDS			
☐ SIMULATOR STANDARD	COMPRESSED ETHANC	OL-GAS MIXTURE	
	AG905203	EXP. DATE <u>02/21/2021</u>	
☐ SIMULATOR TEMP (34°C ± 0.2°C) SIM. SI	SIM. N	NIST EXP DATE	
<ul> <li>□ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE URUN three tests using a standard. All three tests must be within ±5% of .005 or less. Mark the box corresponding to the standard being</li> <li>□ 0.10% STANDARD - MUST READ BETWEEN 0.095% AI</li> <li>□ 0.08% STANDARD - MUST READ BETWEEN 0.076% AI</li> <li>□ 0.04% STANDARD - MUST READ BETWEEN 0.038% AI</li> </ul>	ised. ID 0.105% INCLUSIVE ID 0.084% INCLUSIVE	st have a spread	
TEST 1: 0.098 TEST 2: 0.098	TES	ST 3: 0.098	
PERFORM R.F.I. TEST			
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:			
REFUSALS: 0 004: 0 .0509: 0	.1014: 0	19: <b>0</b> OVER .19: 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	RESTORE THE INSTRUMENT TO OPERAT	TE SATISFACTORILY AND WITHIN	
		-	
INSPECTING OFFICER			
PRINT FULL NAME THOMAS R HECK			
TYPE II PERMIT NUMBER EXPIRATION DATE 200113 03/03/2022	TELEPHONE NUMBER 816-387-2345		
DETURN COMPLETED DEPORT TO THE	Missouri Department of Health	th and Senior Services	



#### 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

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:

Concentration
392.1 ppm
259.8 ppm
208.0 ppm
103.6 ppm
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: 2019.02.27 13:07:54 -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 TYPE II

# THOMAS HECKER

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	3/3/2020
NUMBER	200113
EXPIRES	3/3/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)



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 HECKER, THOMAS

Permit No 200113

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

