By Tracy Crews at 2:23 pm, Oct 14, 2020



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 mont Complete this report whenever the instrument is se Retain the original and send a copy within 15 days	rviced or re	paired and when	ever it is placed in		
INTOX DMT SN NAME OF AGENCY 500068 Missouri State	Patrol		10/06/2020		
Christian Co S.O 110 W. Elm St., Ozark			TIME OF INSPECTION 13:40:00		
CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be	n if found to be corrected	be satisfactory of before using ins	r is operating with trument.	in established limits.	(Write in observed
☑ DIAGNOSTIC RECORD					
DATE AND TIME 10/06/2020 13:40:02		☑ 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 ETHA		HANOL-GAS MIXT	JRE
☑ STANDARD SUPPLIER INTOXIMETERS		LOT# AG931605		EXP. DATE	11/12/2021
☐ SIMULATOR TEMP (34°C ± 0.2°C)		SIM. SN		SIM. NIST 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 standa ETWEEN 0 ETWEEN 0	ard being used. .095% AND 0.10 .076% AND 0.08	5% INCLUSIVE 4% INCLUSIVE		
TEST 1: 0.100 TEST 2: 0.0		99		TEST 3: 0.099	
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS	DLLOWING RAI	NGES SINCE TH	E LAST MAINTEN	IANCE REPORT:	
The state of the s	0509: 2		14: 5	.1519: 3	OVER .19: 3
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) October maintenance - Time adjusted +1 minute	CATION THAT W	AS MADE TO RESTOR	E THE INSTRUMENT TO	OPERATE SATISFACTORIL	Y AND WITHIN
INSPECTING OFFICER					
SIGNATURE TO A		PRINT FULL NAME TYLER R WRIGH			
TYPE II PERMIT NUMBER 200208		10N DATE 4/2022	417-895-6	BER	
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email					



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: 12-Nov-2019

Lot # AG931605 Model 108cacd

Exp. Date 12-Nov-2021 Cyl. Type 108

Component

Ethanol Nitrogen Certified Concentration

0.100 ± 2% BrAC (260 ppm)

Balance

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

Concentration RGM Serial No. 392.1 ppm EB0010581 259.8 ppm EB0010570 208.0 ppm EB0010285 103.6 ppm EB0010561 52.12 ppm EB0010681

Concentration CRM Serial No. 800.0 ppm CC434668 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: 2019.11.13.10.27:30-06.00 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

TYLER WRIGHT

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

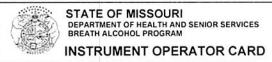
ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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	who			
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 200208				
EXPIRES 7/14/2022	feel Willen			
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES			

MO 580-0771 (5-10)

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

Operator WRIGHT, TYLER 200208 Permit No

Date Issued 7/14/2020

Date Expires 7/14/2022

