By Tracy Crews at 10:50 am, Jul 20, 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 tim Complete this report wheneve Retain the original and send a	er the instrument is servi	ced or repaired and	whenever it is placed i	일을 가입하다면 가장 마이트를 위한 보면 하는 TODA (F. T.	
NAME OF AGENCY 500079 NAME OF AGENCY Missouri State Highway Patrol			07/16/2020		
LOCATION OF INSTRUMENT (STREET AND CITY) 65 Business Park Dr., Troy, Missouri 63379			TIME OF INSPECTION 11:53:07		
CHECKLIST: Place a mark ir values where determined). Un	the box by each item i	f found to be satisfactors using	ctory or is operating wi	thin established limits. (Writ	te in observed
☑ DIAGNOSTIC RECORD		corrected before asi	ng mstrument.		
DATE AND TIME _07/16/2020 11:53:09					
☑ PROGRAM			X FILTER 1		
SAMPLE CHAMBER	48.7°C		X FILTER 2		
BREATH TUBE 44.4	4°C		X FILTER 3		
☑ PUMP		1	INTERNAL STAN	DARD	
BREATH ANALYZER ACCU	JRACY STANDARDS				
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE					
☑ STANDARD SUPPLIER	INTOXIMETERS	LOT#_	AG905201	EXP. DATE <u>02/2</u>	1/2021
☐ SIMULATOR TEMP (34°C	C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE	
□ 0.08% STANDAF	andard. All three tests r box corresponding to th RD - MUST READ BET RD - MUST READ BET RD - MUST READ BET	ne standard being us WEEN 0.095% ANI WEEN 0.076% ANI	sed. D 0.105% INCLUSIVE D 0.084% INCLUSIVE		
TEST 1: 0.101	TES	TEST 2: 0.100		TEST 3: 0.100	
PERFORM R.F.I. TEST	•				
INDICATE THE NUMBER C	F BREATH TESTS IN	THE FOLLOWING	G RANGES SINCE T	HE LAST MAINTENANC	E REPORT:
REFUSALS: 0 004	: 0 .05-	09: 0	.1014: 0	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE A ESTABLISHED LIMITS (USE OTHER SIDE Update Completed	.NY ALTERATION OR MODIFICA [*] IF NECESSARY)	ΠΟΝ THAT WAS MADE TO F	RESTORE THE INSTRUMENT T	O OPERATE SATISFACTORILY AND V	VITHIN
INSPECTING OFFICER					
SIGNATURE M&SH3W8x#	355		PRINT FULL NAME BRYAN W LONG		
TYPE II PERMIT NUMBER 200038		01/07/2022	TELEPHONE NU 636-300-		
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: 21-Feb-2019

Lot # AG905201 Model 108cacd

Exp. Date 21-Feb-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
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: 2019.02.21 15:31:31 -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 BRYAN W LONG

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

1/7/2020

NUMBER 200038

EXPIRES 1/7/2022

MO 550 0771 (6 10)

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DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

for the the

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB 4 (R6 10)

