RECEIVED

By Tracy Crews at 10:34 am, Mar 11, 2020



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

REPORT #1

INTOX DM1 M	AINTENANCE RE	PURI					
Complete this report at the time of Complete this report whenever the Retain the original and send a co	ne instrument is service	d or repaired and	whenever it	is placed into	service.		
500083	NAME OF AGENCY Missouri State Highway Patrol				03/02/2020		
LOCATION OF INSTRUMENT (STREET AND CITY) MCDonald County SO					TIME OF INSPECTION 10:23:38		
CHECKLIST: Place a mark in the values where determined). Unm	ne box by each item if for arked items must be co	ound to be satisfactoriected before using	tory or is o	perating within	established limits.	(Write in observed	
☑ DIAGNOSTIC RECORD							
DATE AND TIME 03/02/2	2020 10:23:40	3	DETEC	TOR			
☑ PROGRAM	FILTER	FILTER 1					
☑ SAMPLE CHAMBER 48.8°C				FILTER 2			
☑ BREATH TUBE 48.1°C ☑ FILTER 3							
☑ PUMP ☑ INTERNAL STANDARD							
BREATH ANALYZER ACCUR	ACY STANDARDS						
☐ SIMULATOR STANDA	RD		COMPE	RESSED ETH	ANOL-GAS MIXTU	JRE	
☑ STANDARD SUPPLIER INTOXIMETERS LC		LOT#_	AG81550	3	EXP. DATE <u>06/04/2020</u>		
☐ SIMULATOR TEMP (34°C:	: 0.2°C)	SIMULAT	OR SN	s	IMULATOR EXP D	ATE	
□ CALIBRATION CHECK - (Run three tests using a star of .005 or less. Mark the bo □ 0.10% STANDARD □ 0.08% STANDARD	ox corresponding to the - MUST READ BETW - MUST READ BETW	standard being us EEN 0.095% ANI EEN 0.076% ANI	sed. 0 0.105% 0 0.084%	NCLUSIVE	,		
TEST 1: 0.099	TEST	2: 0.099		TEST 3: 0.097			
PERFORM R.F.I. TEST							
INDICATE THE NUMBER OF	BREATH TESTS IN	THE FOLLOWING	G RANGES	S SINCE THE	LAST MAINTEN	ANCE REPORT:	
REFUSALS: 1 004: 2	.050	9: 0	.1014: 3		.1519: 2	OVER .19: 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ESTABLISHED LIMITS (USE OTHER SIDE IF		IN THAT WAS MADE TO F	RESTORE THE	NSTRUMENT TO C	PERATE SATISFACTORILY	Y AND WITHIN	
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER 290285		EXPIRATION DATE 12/11/2021		JAME J LONG ELEPHONE NUME 417-895-68			
RETURN COMPLETED REP	Southe			tment of Heal	th and Senior Service	Ces	



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: 4-Jun-2018

Lot # AG815503 Model 108cacd

Component Ethanol Nitrogen

Exp. Date 4-Jun-2020

Cyl. Type 108

Certified Concentration 0.100 ± 2% BrAC (260 ppm) Balance

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

EB0010285 EB0010561 EB0010681	Serial No. EB0010581
209.0 ppm 103.7 ppm 52.22 ppm	Concentration 391.8 ppm
EB0010595 EB0010562 EB0010579	Serial No. EB0010603
208.9 ppm 104.9 ppm 52.94 ppm	Concentration 392.5 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2016.06.06 H-35:51-55:50
Resport: 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

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STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

JOSEY J 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):

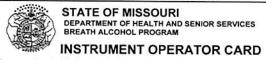
INTOX DMT

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.

and occining	mough occ. Fro Fronto.
DATE12/11/2019	wind
23 A STATE OF THE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 290285	
EXPIRES 12/11/2021	for ville
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 a in Missouri.

Operator LONG, JOSEY Permit No 290285

Date Issued 12/11/2019 Date Expires 12/11/2021

