## RECEIVED

By Tracy Crews at 11:26 am, Feb 04, 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 month Complete this report whenever the instrument is ser Retain the original and send a copy within 15 days t	viced or repaired and	whenever it is placed	N. I. N. S.			
INTOX DMT SN NAME OF AGENCY  500093 Missouri State Highway Patrol			DATE OF INSPECTION 02/01/2020			
LOCATION OF INSTRUMENT (STREET AND CITY) 17201 Paradesian, Smithville, MO			TIME OF INSPECTION 06:30:42			
CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be	if found to be satisface corrected before using	tory or is operating v	within established limits. (W	Vrite in observed		
☑ DIAGNOSTIC RECORD						
DATE AND TIME 02/01/2020 06:30:44    © DETECTOR						
☑ PROGRAM ☑ FILTER 1						
☑ SAMPLE CHAMBER 48.8°C ☑ FILTER 2						
☐ BREATH TUBE 47.9°C ☐ FILTER 3						
☑ PUMP	□ PUMP □ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDARDS	S					
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE						
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#_/	AG831903	EXP. DATE 11	1/15/2020		
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIMULAT	OR SN	SIMULATOR EXP DAT	ſE		
<ul> <li>         □ CALIBRATION CHECK - (ONLY ONE STANI Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to</li> <li>□ 0.10% STANDARD - MUST READ BE</li> <li>□ 0.08% STANDARD - MUST READ BE</li> <li>□ 0.04% STANDARD - MUST READ BE</li> </ul>	the standard being us TWEEN 0.095% AND TWEEN 0.076% AND	ed. ) 0.105% INCLUSIV ) 0.084% INCLUSIV	E E			
TEST 1: 0.101	TEST 2: 0.100		TEST 3: 0.099			
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWING	RANGES SINCE	THE LAST MAINTENAN	ICE REPORT:		
REFUSALS: 0 004: 0 .0:	509: <b>0</b>	.1014: 0	.1519: 0	OVER .19: 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)  February 2020 Maintenance	ATION THAT WAS MADE TO R	ESTORE THE INSTRUMENT	TO OPERATE SATISFACTORILY AN	ID WÎTHIN		
INSPECTING OFFICER						
SIGNATURE		PRINT FULL NAME CASEY O TUBE	BS			
TYPE II PERMIT NOMBER /// 2 290040	EXPIRATION DATE 10/03/2021	TELEPHONE 1 816-622	NUMBER			
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services Southeast District Office 2875 James Blvd, Poplar Bluff, MO 63901						



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: 27-Nov-2018

Lot # AG831903 Model 108cacd

Exp. Date

Cyl. Type

Component

**Certified Concentration** 

15-Nov-2020

108

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

Balance

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

Serial No.	Concentration	Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

**Analytical Method:** 

NDIR

Digitally signed by Quality Control Date: 2018.11.27 10:10:26 -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