

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 n Complete this report whenever the instrument i Retain the original and send a copy within 15 d	s serviced or repaired a	nd whenever it is placed			
NAME OF AGENCY 500122 Missouri State Highway Patrol			DATE OF INSPECTION 01/01/2020		
LOCATION OF INSTRUMENT (STREET AND CITY) SCSD, 101 Court St., Bloomfield, MO 63		TIME OF INSPECTION 09:09:23			
CHECKLIST: Place a mark in the box by each values where determined). Unmarked items mu	item if found to be satisfied before	factory or is operating wusing instrument.	thin established limits. (Write in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME 01/01/2020 09:09:25	5_	☑ DETECTOR			
☑ PROGRAM ☑ FILTER 1					
☑ SAMPLE CHAMBER 48.8°C		☐ FILTER 2			
☑ BREATH TUBE 48.1°C	=1	☐ FILTER 3			
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDA	ARDS				
☐ SIMULATOR STANDARD		□ COMPRESSED E	THANOL-GAS MIXTUI	RE	
☑ STANDARD SUPPLIER INTOXIMETER	RS LOT#	AG815503	EXP. DATE	06/04/2020	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIMUL	ATOR SN	SIMULATOR EXP DA	ATE	
of .005 or less. Mark the box correspondin 0.10% STANDARD - MUST REAL 0.08% STANDARD - MUST REAL 0.04% STANDARD - MUST REAL	D BETWEEN 0.095% A D BETWEEN 0.076% A	ND 0.105% INCLUSIVE ND 0.084% INCLUSIVE			
TEST 1: 0.098	TEST 2: 0.098		TEST 3: 0.098		
PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TES	STS IN THE FOLLOW	ING RANGES SINCE 1	HE LAST MAINTENA	NCE REPORT:	
REFUSALS: 0 004: 0	.0509: 1	.1014: 0	.1519: 0	OVER .19: 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MI ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ODIFICATION THAT WAS MADE	TO RESTORE THE INSTRUMENT T	O OPERATE SATISFACTORILY	AND WITHIN	
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NOMBER 280018 RETURN COMPLETED REPORT TO THE	EXPIRATION DATE 01/10/2020 Breath Alcohol Progra	PRINT FULL NAME CONRAD L PUR TELEPHONE NI 573-840. m, MO Department of Ho	JMBER -9500	es	
MO 580-2898 (3.13)	Southeast District Office 2875 James Blvd, Pop	e		140.400	



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

Exp. Date 4-Jun-2020 Cyl. Type 108 Component

Certified Concentration

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	39†.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2018.06.06 14:55:51 -05:00 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