## **RECEIVED**

By Tracy Crews at 10:29 am, Jul 16, 2020



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

REPORT #1

INTOX DMT MAINTENA	NCE REPORT			KEI OKT #1		
Complete this report at the time of the regular Complete this report whenever the instrumen Retain the original and send a copy within 15	t is serviced or repaired and days to the Breath Alcohol	d whenever it is placed i	nto service.			
NTOX DMT SN NAME OF AGENC 500122 Missouri S	State Highway Patrol		DATE OF INSPECTION 07/02/2020			
OCATION OF INSTRUMENT (STREET AND CITY) SCSD, 101 Court St., Bloomfield, MO 63825			TIME OF INSPECTION 07:16:39			
CHECKLIST: Place a mark in the box by ear	ch item if found to be satisfa	actory or is operating with	hin established limits. (Writ	te in observed		
☑ DIAGNOSTIC RECORD						
DATE AND TIME _ 07/02/2020 07:16:42						
☑ PROGRAM · ☑ FILTER 1						
SAMPLE CHAMBER 48.9°C     ■ 48.9°C	SAMPLE CHAMBER 48.9°C					
☐ BREATH TUBE 48.1°C ☐ FILTER 3						
☐ PUMP ☐ INTERNAL STANDARD						
BREATH ANALYZER ACCURACY STANI	DARDS					
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE						
STANDARD SUPPLIER INTOXIMETE	ERS LOT#	AG905203	EXP. DATE <u>02/2</u>	21/2021		
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIMULA	TOR SN	SIMULATOR EXP DATE			
of .005 or less. Mark the box correspond  0.10% STANDARD - MUST RE.  0.08% STANDARD - MUST RE.  0.04% STANDARD - MUST RE.	AD BETWEEN 0.095% AN AD BETWEEN 0.076% AN	ID 0.105% INCLUSIVE ID 0.084% INCLUSIVE				
TEST 1: 0.097	TEST 2: 0.097		TEST 3: 0.097			
☑ PERFORM R.F.I. TEST						
NDICATE THE NUMBER OF BREATH TE	ESTS IN THE FOLLOWIN	IG RANGES SINCE T	HE LAST MAINTENANC	E REPORT:		
REFUSALS: 0 004: 0	.0509: 0	.1014: 0	.1519: 0	OVER .19: 0		
IST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR STABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	MODIFICATION THAT WAS MADE TO	RESTORE THE INSTRUMENT TO	O OPERATE SATISFACTORILY AND V	VÎTHIN		
NSPECTING OFFICER SIGNATURE TYPE II PERMITTAMBER	EXPIRATION DATE	PRINT FULL NAME CONRAD L PURI				
200023	01/06/2022	573-840-	9500			
RETURN COMPLETED REPORT TO THE	Breath Alcohol Program Southeast District Office 2875 James Blvd, Popla		alth and Senior Services			



## 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: 22-Feb-2019

Lot # AG905203 Model 108cacd

Exp. Date 21-Feb-2021 Cyl. Type

Component

**Certified Concentration** 

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

150.2 ppm

Balance

0056662

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

RGM Serial No.	Concentration	RGM 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
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm

Analytical Method:

CC234503

**NDIR** 

253.0 ppm

Digitally signed by Quality Control Date: 2019 02.27 13:07:54 -06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marcala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07