### **RECEIVED**

By Tracy Crews at 11:18 am, Jan 03, 2020



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

REPORT #1

INTOX DMT M	AINTENANCE RE	PORT		40.00	
Complete this report at the time of Complete this report whenever the Retain the original and send a co	ne instrument is serviced	d or repaired and w	henever it is placed i	nto service.	
INTOX DMT SN 500154	NAME OF AGENCY  Missouri State High	way Patrol		01/02/2020	
LOCATION OF INSTRUMENT (STREET AND C 2101 Jeffco Blvd., Arnold, N				TIME OF INSPECTION 10:12:48	
CHECKLIST: Place a mark in the values where determined). Unma	ne box by each item if fo	und to be satisfactorected before using	ory or is operating wi	thin established limits. (\	Write in observed
☑ DIAGNOSTIC RECORD					
DATE AND TIME 01/02/2	2020 10:12:50	X	DETECTOR		
☑ PROGRAM		×	FILTER 1		
SAMPLE CHAMBER_4	8.9°C	×	FILTER 2		
☐ BREATH TUBE 47.5°	С	×	FILTER 3		
☑ PUMP		×	INTERNAL STAN	DARD	
BREATH ANALYZER ACCUR	ACY STANDARDS	A STATE OF THE STA			
☐ SIMULATOR STANDAR	RD	×	COMPRESSEDE	THANOL-GAS MIXTUR	RE
STANDARD SUPPLIER IN	ITOXIMETERS	LOT#_A	G815503	EXP. DATE _0	06/04/2020
☐ SIMULATOR TEMP (34°C ±	± 0.2°C)	SIMULATO	OR SN	SIMULATOR EXP DA	ATE
Run three tests using a star of .005 or less. Mark the bo	ox corresponding to the - MUST READ BETW - MUST READ BETW	standard being use EEN 0.095% AND EEN 0.076% AND	ed. 0.105% INCLUSIVE 0.084% INCLUSIVE	:	
TEST 1: 0.100	TEST	2: 0.101		TEST 3: 0.100	
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF	BREATH TESTS IN T	HE FOLLOWING	RANGES SINCE	THE LAST MAINTENA	NCE REPORT:
REFUSALS: 0 004: (	0 ,050	9: 0	.1014:1	.1519:1	OVER .19: 1
LIST ANY NEW PARTS AND DESCRIBE ANY ESTABLISHED LIMITS (USE OTHER SIDE IF	( ALTERATION OR MODIFICATION NECESSARY)	N THAT WAS MADE TO RE	ESTORE THE INSTRUMENT	TO OPERATE SATISFACTORILY	AND WITHIN
INSPECTING OFFICER					
SIGNATURE			BRIAN J MAGNA	AN	
TYPE II PERMIT NUMBER 280043		EXPIRATION DATE 01/18/2020	TELEPHONE N 636-300		
RETURN COMPLETED REP	Southe	Alcohol Program, I ast District Office ames Blvd, Poplar		ealth and Senior Service	es



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 Supplie: intoximeters Inc. 2081 Craig Road St. Louis, Mo. 63146.

Test Date: 4-Jun-2018

#### Lot # AG815503 Model 108cacd

Exp Date	Cyl. Type	Component	Certified Concentration
4 Jun 2020	108	Ethanol	0 100 ± 2% BIAC (260 ppm)
		Nitrogen	Balance

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

Serial No.	Concentration	Serial No.	Concentration
EB0010581	391.8 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

Simple different Company of the Section Sectio

Approved for Release:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06



### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



# PERMIT TYPE II

# **BRIAN J MAGNAN**

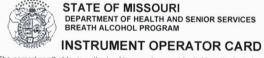
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

## **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.

DATE1/18/2018	wante		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 280043			
EXPIRES 1/18/2020	for William		
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		
O 600 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 ai in Missoun



Operator Permit No 280043

Date Issued 1/18/2018 Date Expires 1/18/2020