RECEIVED

By Tracy Crews at 12:51 pm, Oct 14, 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 mo Complete this report whenever the instrument is s	-H.C			
Retain the original and send a copy within 15 day	serviced or repaired and v	vhenever it is placed	exceed 35 days). d into service.	
500163 NAME OF AGENCY Missouri State	e Highway Patrol		04TE OF INSPECTION 10/06/2020	
CCATION OF INSTRUMENT (STREET AND CITY) North Vine Street, Maryville, MO			TIME OF INSPECTION 21:24:57	
CHECKLIST: Place a mark in the box by each ite relies where determined). Unmarked items must	em if found to be satisfact	ory or is operating v	vithin established limits. (V	Vrite in observed
DIAGNOSTIC RECORD		g		
DATE AND TIME	X	DETECTOR		
☑ PROGRAM	×	I FILTER 1		
☑ SAMPLE CHAMBER 48.8°C		FILTER 2		
☑ BREATH TUBE_45.8°C	X	FILTER 3		
□ PUMP □ □ □ □ □ □ □ □ □ □ □ □		I INTERNAL STAN	IDARD	
BREATH ANALYZER ACCURACY STANDAR				
☐ SIMULATOR STANDARD		COMPRESSED	ETHANOL-GAS MIXTUR	E
STANDARD SUPPLIER INTOXIMETERS	LOT#_A	G905203	EXP. DATE 02	2/21/2021
SIMULATOR TEMP (34°C ± 0.2°C)	SIM, SN_		SIM. NIST EXP DATE	
of .005 or less. Mark the box corresponding to 0.10% STANDARD - MUST READ B 0.08% STANDARD - MUST READ B 0.04% STANDARD - MUST READ B	ETWEEN 0.095% AND	0.105% INCLUSIVI 0.084% INCLUSIVI	=	
	TEST 2: 0.100		TEST 3: 0.100	
PERFORM R.F.I. TEST				
NDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWING	RANGES SINCE	THE LAST MAINTENAN	CE REPORT:
EFUSALS: 0 004: 0		1014: 0	1519: 0	OVER .19: 0
TABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) THE UPDATED SPECTING OFFICER				
HREE STATE AND STATE OF THE STA		ENT FULL NAME	15 1	
NATURE		THOMAS R HEC	KER	
17.41 3800				
PERPERMENDEN STATE OF THE PROPERTY TO THE PROPERTY OF THE PROP	03/03/2022	816-387-	IMBER	



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 108

Component Ethanol

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Nitrogen

Balance

RGM Serial No.

EB0010603

EB0010559

EB0010595

EB0010562

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

RGM Serial No.	Concentration
EB0010581	392.1 ppm
EB0010570	259.8 ppm
EB0010285	208.0 ppm
EB0010561	103.6 ppm
EB0010681	52.12 ppm
CRM Serial No.	Concentration

	EB0010579
<u>n</u>	CRM Serial No.
	0056649
	0056662

Conc	entration
390.1	ppm
150.2	

Concentration

393.0 ppm

258.2 ppm

208.3 ppm

.104.2 ppm 52.81 ppm

Analytical Method:

CC434668

CC234503

NDIR

800.0 ppm

253.0 ppm

Digitally signed by Quality Control Date: 2019-02-27 13:07:54-46-00 Reason: Dry gas standard certification of analysis Location. Airgas USA LLC (Lab)

Approved for Release:

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



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

THOMAS HECKER

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.

DATE 3/3/2020

DIRECTOR OF STATE PUBLIC - IEALT FLABORATORY

NUMBER 200113

EXPIRES 3/3/2022

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MD 580 0271 (5 10)

LAB 4 (R6-10)

