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By Tracy Crews at 10:00 am, Jun 15, 2020



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

THE PROPERTY OF THE PROPERTY O	HOL KEI OKT			1121 0111 #
Complete this report at the time of the regular Complete this report whenever the instrument Retain the original and send a copy within 15	is serviced or repaired and	d whenever it is place	exceed 35 days). d into service.	
	^y State Highway Patrol		06/06/2020	
PUTNAM CO SO, 1601 MAIN, UNIONV	/ILLE		TIME OF INSPECTION 11:56:27	
CHECKLIST: Place a mark in the box by eac values where determined). Unmarked items m	h item if found to be satisfa	actory or is operating	within established limits	. (Write in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME 06/06/2020 11:56:3	30_	☑ DETECTOR		
☑ PROGRAM		☑ FILTER 1		
☑ SAMPLE CHAMBER 48.7°C		☑ FILTER 2		
☐ BREATH TUBE_46.0°C		☑ FILTER 3		
☑ PUMP		☑ INTERNAL STA	NDARD	
BREATH ANALYZER ACCURACY STAND	ARDS			
☐ SIMULATOR STANDARD		☑ COMPRESSED	ETHANOL-GAS MIXT	URE
	RS LOT#	AG004403	EXP. DATE	02/13/2022
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIMULA	TOR SN	SIMULATOR EXP	DATE
 □ CALIBRATION CHECK - (ONLY ONE S Run three tests using a standard. All three of .005 or less. Mark the box correspond □ 0.10% STANDARD - MUST REA □ 0.08% STANDARD - MUST REA □ 0.04% STANDARD - MUST REA 	ing to the standard being u ND BETWEEN 0.095% AN ND BETWEEN 0.076% AN	ised. D 0.105% INCLUSIV D 0.084% INCLUSIV	/E /E	au .
TEST 1: 0.099	TEST 2: 0.098		TEST 3: 0.099	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TE	STS IN THE FOLLOWIN	G RANGES SINCE	THE LAST MAINTEN	IANCE REPORT:
REFUSALS: 0 004: 0	.0509: 0	.1014: 1	.1519: 1	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR N ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	MODIFICATION THAT WAS MADE TO	RESTORE THE INSTRUMENT	TTO OPERATE SATISFACTORIL'	Y AND WITHIN
INSPECTING OFFICER SIGNATURE		PRINT FULL NAME		
TYPE II PERMIT NUMBER	EVENDATION CARE	REID T FESSLE		
200090	02/18/2022	660-385		
RETURN COMPLETED REPORT TO THE	Breath Alcohol Program, Southeast District Office 2875 James Blvd, Poplar		lealth and Senior Servio	ces



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: 17-Feb-2020

Lot # AG004403 Model 108cacd

Exp. Date 13-Feb-2022 Cyl. Type 108

Component Ethanol

Nitrogen

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

150.2 ppm

Balance

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
00004500			oooppiii

0056662

Analytical Method:

CC234503

NDIR

253.0 ppm

Digitally signed by Quality Control Date 2020 02 18 10 32 01 -06 00 Reason: Dry gas standard certification of analysis Location: Argas USA LLC (Lab)

Approved for Release:

Rod Marsala

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

REID T FESSLER

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.

DATE2/18/2020	honse		
POWER DESIGNATION AND ADDRESS OF THE PARTY OF THE STATE O	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 200090			
EXPIRES 2/18/2022	for Villen		
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		

MO 580-0771 (6-10)

LAB-4 (R6-10)

