

By Tracy Crews at 1:17 pm, Oct 09, 2020



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

#### INTOX DMT MAINTENANCE REPORT

REPORT #1

THE TOTAL THE MITTER WHOLE	TILLIOITI				
Complete this report at the time of the regular month Complete this report whenever the instrument is ser Retain the original and send a copy within 15 days t	viced or repaired and	whenever it is placed	xceed 35 days). into service.		
INTOX DMT SN NAME OF AGENCY 500169 Missouri State Highway Patrol			DATE OF INSPECTION 10/01/2020		
LOCATION OF INSTRUMENT (STREET AND CITY)  Brookfield PD, 116 W. Brooks, Brookfield			TIME OF INSPECTION 20:35:54		
CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be	if found to be satisface e corrected before using	etory or is operating w	rithin established limits. (V	Write in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME 10/01/2020 20:35:57	D	DETECTOR			
☑ PROGRAM ☑ FILTER 1					
☑ SAMPLE CHAMBER 48.8°C		FILTER 2			
☑ BREATH TUBE 48.1°C	Į.	☑ FILTER 3			
☑ PUMP		INTERNAL STAN	IDARD		
BREATH ANALYZER ACCURACY STANDARDS	S				
☐ SIMULATOR STANDARD	0	COMPRESSED E	THANOL-GAS MIXTUR	RE	
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#	AG011501	EXP. DATE 0	4/24/2022	
SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE		
□ CALIBRATION CHECK - (ONLY ONE STANI Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to □ 0.10% STANDARD - MUST READ BE □ 0.08% STANDARD - MUST READ BE □ 0.04% STANDARD - MUST READ BE	the standard being us TWEEN 0.095% AND TWEEN 0.076% AND	ed. 0 0.105% INCLUSIVI 0 0.084% INCLUSIVI	≣		
TEST 1: 0.096	TEST 2: 0.096		TEST 3: 0.096		
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS I	IN THE FOLLOWING	RANGES SINCE	THE LAST MAINTENAN	NCE REPORT:	
	509: 0	.1014: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ATION THAT WAS MADE TO R	ESTORE THE INSTRUMENT	TO OPERATE SATISFACTORILY AI	ND WITHIN	
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME LEE C EWIGMA	N		
TYPE II PERMITNUMBER 200089	02/18/2022	TELEPHONE N 660-385			
RETURN COMPLETED REPORT TO THE Brea by n	ath Alcohol Program, I nail, fax, or email	Missouri Department	of Health and Senior Ser	vices	



#### 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: 28-Apr-2020

Lot # AG011501 Model 108cacd

Exp. Date

Cyl. Type

Component

Certified Concentration

24-Apr-2022

108

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

Balance

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

Concentration	RGM Serial No.	Concentration
392.1 ppm		393.0 ppm
259.8 ppm		258.2 ppm
208.0 ppm		208.3 ppm
103.6 ppm		104.2 ppm
52.12 ppm	EB0010579	52.81 ppm
Concentration 800.0 ppm 253.0 ppm	CRM Serial No. 0056649 0056662	Concentration 390.1 ppm 150.2 ppm
	392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm Concentration 800.0 ppm	392.1 ppm EB0010603 259.8 ppm EB0010559 208.0 ppm EB0010595 103.6 ppm EB0010562 52.12 ppm EB0010579  Concentration 800.0 ppm O056649

**Analytical Method:** 

NDIR

Digitally signed by Quality Control Date: 2020.04.28 18:14:39 -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 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM** 



# PERMIT TYPE II

## LEE C EWIGMAN

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.

<b>3</b>	, and the state of
DATE2/18/2020	we note
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 200089	
EXPIRES 2/18/2022	for Ulle
MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

