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By Tracy Crews at 10:00 am, Jun 23, 2020



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

THIOX DIVIT WATER LINKIN	IOL INLI OINT			
Complete this report at the time of the regular n Complete this report whenever the instrument is Retain the original and send a copy within 15 d	s serviced or repaired and	whenever it is placed i		
NAME OF AGENCY 500170 Missouri State Highway Patrol			DATE OF INSPECTION 06/18/2020	
LOCATION OF INSTRUMENT (STREET AND CITY) 802 Main St, Princeton, MO			TIME OF INSPECTION 21:26:00	
CHECKLIST: Place a mark in the box by each values where determined). Unmarked items mu	item if found to be satisfa	ctory or is operating wi	thin established limits. (W	rite in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME 06/18/2020 21:26:02				
☑ PROGRAM	XI FILTER 1			
☑ SAMPLE CHAMBER 48.7°C	☑ FILTER 2	FILTER 2		
☑ BREATH TUBE 48.1°C ☑ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDA	RDS		H	
☐ SIMULATOR STANDARD	COMPRESSED ETHANOL-GAS MIXTURE			
☑ STANDARD SUPPLIER INTOXIMETER	LOT#_	AG931104	EXP, DATE 11/	07/2021
SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE	
 ☑ CALIBRATION CHECK - (ONLY ONE STRUM three tests using a standard. All three of .005 or less. Mark the box correspondin ☑ 0.10% STANDARD - MUST READ ☐ 0.08% STANDARD - MUST READ ☐ 0.04% STANDARD - MUST READ 	g to the standard being u DBETWEEN 0.095% AN DBETWEEN 0.076% AN	sed, D 0,105% INCLUSIVE D 0.084% INCLUSIVE		
TEST 1: 0.099 TEST 2: 0.098			TEST 3: 0.098	
☑ PERFORM R.F.J. TEST				
INDICATE THE NUMBER OF BREATH TES	TS IN THE FOLLOWIN	G RANGES SINCE T	HE LAST MAINTENANG	DE REPORT:
REFUSALS: 0 004: 0	.0509: 0	.1014: 0	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	DIFICATION THAT WAS MADE TO	RESTORE THE INSTRUMENT TO	OPERATE SATISFACTORILY AND	WITHIN
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER 2 200186	EXPIRATION DATE: 06/15/2022	JAMES C ACREE	MBER	
RETURN COMPLETED REPORT TO THE	Breath Alcohol Program, by mail, fax, or email	Missouri Department c	f Health and Senior Servi	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: 9-Nov-2019

Lot # AG931104 Model 108cacd

Exp. Date 7-Nov-2021 Cyl. Type

Component Ethanol

Nitrogen

Certified Concentration

0.100 ± 2% BrAC (260 ppm)

Balance

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

RGM Serial No. EB0010581 EB0010570

259.8 ppm EB0010285 EB0010561 EB0010681

CRM Serial No. CC434668 CC234503

Concentration 392.1 ppm

208.0 ppm 103.6 ppm

52.12 ppm

Concentration 800.0 ppm 253.0 ppm

RGM Serial No. EB0010603

EB0010559 EB0010595 EB0010562

EB0010579

CRM Serial No. 0056649 0056662

Concentration 393.0 ppm 258.2 ppm

208.3 ppm 104.2 ppm 52.81 ppm

Concentration 390.1 ppm 150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Centrol Date: 2019.11.11 10;42:10:-06:00 Reason; Dry gas standard certification of analysis Location: Argas USA LLC (Lab)

Approved for Release:

Roll Marsola

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