KECEIVED

By Tracy Crews at 9:59 am, May 04, 2020



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

INTOX DMT MAINTENANCE REPORT

| HALOX DIALLIANTIAL FIA | MINUE REPUR | 1 | | | REPORT | |
|--|---|--|---|---------------------------------|-------------------|--|
| Complete this report at the time of the regular Complete this report whenever the instrument Retain the original and send a copy within 1 | ent is serviced or rep | paired and wi | henever it is placed i | ceed 35 days). into service. | | |
| 500181 Missour | 1 Missouri State Highway Patrol | | | | | |
| Troop G, Willow Springs, MO 65793 | | | TIME OF INSPECTION 12:38:20 | | | |
| CHECKLIST: Place a mark in the box by e values where determined). Unmarked items | ach item if found to I must be corrected | be satisfacto before using | ry or is operating wit instrument. | thin established limits. (V | Vrite in observed | |
| ☑ DIAGNOSTIC RECORD | | | | | | |
| DATE AND TIME05/01/2020 12:38 | 3:22 | | DETECTOR | | | |
| ☑ PROGRAM | I FILTER 1 | | | | | |
| ☑ SAMPLE CHAMBER 48.7°C | | ☑ FILTER 2 | | | | |
| ☑ BREATH TUBE 48.1°C ☑ FILTER 3 | | | | | | |
| ☑ PUMP ☑ INTERNAL STANDARD | | | | | | |
| BREATH ANALYZER ACCURACY STAN | NDARDS | | | | | |
| ☐ SIMULATOR STANDARD | | | ☑ COMPRESSED ETHANOL-GAS MIXTURE | | | |
| ☑ STANDARD SUPPLIER INTOXIMET | ERS | LOT#_AG | 831903 | EXP. DATE11 | /15/2020 | |
| ☐ SIMULATOR TEMP (34°C ± 0.2°C) | ☐ SIMULATOR TEMP (34°C ± 0.2°C) SIMUL | | | SIMULATOR EXP DATE | | |
| □ CALIBRATION CHECK - (ONLY ONE Run three tests using a standard. All thr of .005 or less. Mark the box correspor □ 0.10% STANDARD - MUST RE □ 0.08% STANDARD - MUST RE □ 0.04% STANDARD - MUST RE | EAD BETWEEN 0.0 EAD BETWEEN 0.0 | d being used 195% AND 0 176% AND 0 | .105% INCLUSIVE .084% INCLUSIVE | nd must have a spread | | |
| TEST 1: 0.099 | TEST 2: 0.099 | | | TEST 3: 0.100 | | |
| ☑ PERFORM R.F.I. TEST | | | 1201 0. 0.100 | | | |
| INDICATE THE NUMBER OF BREATH T | ESTS IN THE FOL | LOWING R | ANGES SINCE TH | JE I AST MAINTENAN | OF DEDODT. | |
| REFUSALS: 0 004: 5 | .0509: 0 | | 014: 0 | | | |
| LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OF ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) | | | | .1519: 1 | OVER .19: 0 | |
| INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER 200033 | EXPIRATION 01/07/2 | J | NT FULL NAME EFFERY S CUNN TELEPHONE NUM 417-469-3 | BER | | |
| RETURN COMPLETED REPORT TO THI | | Program, MO | Department of Hea | 121 Ith and Senior Services | | |
| 10 580-2898 (3-13) | | | ATIVE ACTION EMPLOYED | | | |



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: 27-Nov-2018

Lot # AG831903 Model 108cacd

Exp. Date 15-Nov-2020

Cvl. Type

Component Ethanol Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Nitrogen

Balance

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

 Serial No.
 Concentration

 EB0010581
 392.1 ppm

 EB0010570
 259.8 ppm

 EB0010285
 208.0 ppm

 EB0010561
 103.6 ppm

 EB0010681
 52.12 ppm

Serial No. EB0010603 EB0010559 EB0010595 EB0010562

Concentration 393.0 ppm 258.2 ppm 208.3 ppm

EB0010562 208.3 ppm EB0010562 104.2 ppm EB0010579 52.81 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2016.11.27 10.10:26-08:00 Research Dry gas attendend certification of analysis Location: Airgas USA LLC (Lab)

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

JEFFERY S CUNNINGHAM

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

| or rough of the right one and oboth the mought oboth to home. | |
|---|--|
| DATE1/7/2020 | want |
| | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY |
| NUMBER 200033 | - |
| EXPIRES 1/7/2022 | For William |
| DIF | RECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES |

MO 580-0771 (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 a

CUNNINGHAM, JEFFERY Operator

Permit No 200033

Date Expires 1/7/2022

