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By Tracy Crews at 1:40 pm, Jul 01, 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 Complete this report whenever the instrumen Retain the original and send a copy within 15	t is serviced or repaired and days to the Breath Alcohol	d whenever it is placed				
1	r State Highway Patrol		06/30/202			
OCATION OF INSTRUMENT (STREET AND CITY) Shannon County Sheriff's Department,		15:20:31	TIME OF INSPECTION 15:20:31			
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed alues where determined). Unmarked items must be corrected before using instrument.						
I DIAGNOSTIC RECORD						
DATE AND TIME <u>06/30/2020 15:20:33</u> ☑ DETECTOR						
☑ PROGRAM ☑ FILTER 1						
SAMPLE CHAMBER 48.7°C						
☑ BREATH TUBE 48.1°C ☑ FILTER 3						
☑ PUMP ☑ INTERNAL STANDARD						
REATH ANALYZER ACCURACY STAND	ARDS					
☐ SIMULATOR STANDARD		☐ COMPRESSED E	THANOL-GAS M	IXTURE		
STANDARD SUPPLIER INTOXIMETE	RS LOT#_	AG004403	EXP. DA	TE <u>02/13/20</u>	22	
SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP			
CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used. □ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE □ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE						
EST 1: 0.099	TEST 2: 0.098	P / / P	TEST 3: 0.09	8		
PERFORM R.F.I. TEST						
IDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
EFUSALS: 0 004: 0	.0509: 1	.1014: 1	.1519: 1		ER .19: 0	
ST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR M STABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	IODIFICATION THAT WAS MADE TO I	RESTORE THE INSTRUMENT TO	O OPERATE SATISFACT	ORILY AND WITHIN		
SPECTING OFFICER						
SNATURE ON LOCAL CONTROL OF THE CONT		JEFFERY S CUN	NINGHAM			
PE II PERMIT MOMBER 200033	01/07/2022	TELEPHONE NUI 417-469-3				
ETURN COMPLETED REPORT TO THE	Breath Alcohol Program, by mail, fax, or email	Missouri Department o	f Health and Seni	or Services		



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

Cyl. Type

Component

Certified Concentration

13-Feb-2022

Ethanol Nitrogen 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

Concentration 392.1 ppm 259.8 ppm 208.0 ppm

103.6 ppm

RGM Serial No. EB0010603

Concentration 393.0 ppm 258.2 ppm

EB0010285 EB0010561 EB0010681

52.12 ppm

EB0010595 EB0010562 EB0010579

EB0010559

208.3 ppm 104.2 ppm 52.81 ppm

CRM Serial No. CC434668

CC234503

Concentration 800.0 ppm 253.0 ppm

CRM Serial No. 0056649 0056662

Concentration 390.1 ppm 150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2020.02.18 10:32:01 -06:00 Reason: Dry gas standard certifica Location: Airgas USA LLC (Lab) cation of analysis

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

JEFFERY S CUNNINGHAM

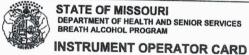
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX DMT

577.020 through 577.041, RSMo and 306.111 through 306.119	mple of expired air. Permit issued under the provisions of section RSMo.
DATE1/7/2020	want
NUMBER 200033	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 1/7/2022	for U Willen
MO 580-0771 (6-10)	DIRECTOR 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 in Missouri.

Operator CUNNINGHAM, JEFFERY

Permit No 200033
Date Issued 1/7/2020 Date Expires 1/7/2022

