

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

INTOX DMT MAINTENANCE REPORT

REPORT #1

THE THE PARTY OF T	E IVEL OIL				
Complete this report at the time of the regular mo Complete this report whenever the instrument is a Retain the original and send a copy within 15 day	serviced or repaired a	nd whenever it is placed	• ,		
INTOX DMT SN NAME OF AGENCY 500222 Cape Girardeau Police Department			DATE OF INSPECTION 07/02/2020		
LOCATION OF INSTRUMENT (STREET AND CITY) 2530 MARIA LOUISE LANE CAPE GIRAR	DEAU, MO		TIME OF INSPECTION 13:04:17		
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.					
☑ DIAGNOSTIC RECORD					
DATE AND TIME <u>07/02/2020 13:04:19</u>	DATE AND TIME 07/02/2020 13:04:19				
☑ PROGRAM		☑ FILTER 1			
☐ SAMPLE CHAMBER 48.9°C		☑ FILTER 2			
☑ BREATH TUBE 46.9°C		☑ FILTER 3	,		
☑ PUMP		☑ INTERNAL STAN	NDARD		
BREATH ANALYZER ACCURACY STANDAR	DS				
☐ SIMULATOR STANDARD		□ COMPRESSED	ETHANOL-GAS MIXTURE		
☑ STANDARD SUPPLIER INTOXIMETERS	LOT#	AG916501	EXP. DATE <u>06</u>	/14/2021	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. S	N	SIM, NIST EXP DATE_		
 CALIBRATION CHECK - (ONLY ONE STA Run three tests using a standard. All three test of .005 or less. Mark the box corresponding. □ 0.10% STANDARD - MUST READ E □ 0.08% STANDARD - MUST READ E □ 0.04% STANDARD - MUST READ E 	to the standard being BETWEEN 0.095% A BETWEEN 0.076% A	used. ND 0.105% INCLUSIV ND 0.084% INCLUSIV	E		
TEST 1: 0.082	TEST 2: 0.081		TEST 3: 0.082		
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS	S IN THE FOLLOWI	NG RANGES SINCE	THE LAST MAINTENAN	CE REPORT:	
REFUSALS: 0 004: 0	.05-,09; 0	.1014: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODI ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	FICATION THAT WAS MADE T	O RESTORE THE INSTRUMENT	TO OPERATE SATISFACTORILY AND) WITHIN	
INSPECTING OFFICER SIGNATURE PRINT FULL NAME RYAN J DROEGE					
TYPE II PERMIT NUMBER 290001	EXPIRATION DATE 01/04/2021	TELEPHONE N 573-335			
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email					
MO 590 2009 (5.10)	AN COUNT OPPOPHINGS	A COURSE A COURSE A CONTRACT DATE OF A COURSE OF A COU			



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: 15-Jun-2019

Lot # AG916501 Model 108cacd

Exp. Date

Cyl. Type

Component

Certified Concentration

14-Jun-2021

108

Ethanol Nitrogen 0.080 ± 0.002 BrAC (208 ppm)

Balance

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

RGM Serial No.	<u>Concentration</u>	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.	<u>Concentration</u>	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2019.08.47 15:40:57 -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

RYAN DROEGE

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

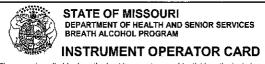
INTOX DMT

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.

DATE	1/4/2019	wante
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 2	290001	
EXPIRES 1	1/4/2021	DIRECTOR OF DEPARTMENT OF HEALTH AND 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 air in Missouri.

Operator DROEGE, RYAN Permit No 290001

Date Issued 1/4/2019 Date Expires 1/4/2021

