RECEIVED

By Tracy Crews at 2:52 pm, Sep 02, 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 monthly		eck (not to exceed 35 days).		
Complete this report whenever the instrument is servi Retain the original and send a copy within 15 days to	ced or repaired and wheneve	DHSS.		
			DATE OF INSPECTION 09/02/2020	
OCATION OF INSTRUMENT (STREET AND CITY) 305 Cooper Street, Dexter MO 63841		TIME OF INSPECTION 08:45:51		
CHECKLIST: Place a mark in the box by each item is values where determined). Unmarked items must be	f found to be satisfactory or is corrected before using instru-	s operating within established limits ment.	s. (Write in observed	
☑ DIAGNOSTIC RECORD				
DATE AND TIME 09/02/2020 08:45:53	■ DETE	ECTOR		
☑ PROGRAM	☑ FILTE	ER 1		
☑ SAMPLE CHAMBER 48.7°C	. X FILTE	ER 2		
☑ BREATH TUBE_43.6°C		ER 3		
□ PUMP □ □ □ □ □ □ □ □ □ □ □ □	INTE	RNAL STANDARD		
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD	⊠ COM	IPRESSED ETHANOL-GAS MIX	TURE	
STANDARD SUPPLIER INTOXIMETERS	LOT#_AG931	104 EXP. DATE	11/07/2021	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DA	ATE	
 ☑ 0.10% STANDARD - MUST READ BET ☐ 0.08% STANDARD - MUST READ BET ☐ 0.04% STANDARD - MUST READ BET 	TWEEN 0.076% AND 0.0849	% INCLUSIVE		
	ST 2: 0.099	TEST 3: 0.099		
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS I	N THE FOLLOWING RANG	GES SINCE THE LAST MAINTE	NANCE REPORT:	
	509: 0 .1014		OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC. ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	-	THE INSTRUMENT TO OPERATE SATISFACTOR	RILY AND WITHIN	
		2		
INSPECTING OFFICER	PRINT F	ULL NAME		
SIGNATURE Leaving 21,	DEF	RRICK A DURALL		
TYPE II PERMIT NUMBER 200049	EXPIRATION DATE 01/22/2022	573-624-5512		
RETURN COMPLETED REPORT TO THE Bre	eath Alcohol Program, Missou mail, fax, or email	ıri Department of Health and Senio	or Services	
by		E ACTION EMPLOYER	LAB	



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 <u>Cyl. Type</u> 108

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 EB0010285 EB0010561 EB0010681	Concentration 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm	RGM Serial No. EB0010603 EB0010559 EB0010595 EB0010562 EB0010579	Concentration 393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm
CRM Serial No.	Concentration	CRM Serial No. 0056649	Concentration
CC434668	800.0 ppm		390.1 ppm

0056662

Analytical Method:

CC234503

NDIR

253.0 ppm

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

Approved for Release:

Pad Marsala

150.2 ppm

Rod Marsala



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

DERRICK A. DURALL

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 1/10/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

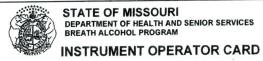
NUMBER 200049

EXPIRES 1/10/2022

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 air in Missouri

Operator DURALL, DERRICK

