

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

#### INTOX DMT MAINTENANCE REPORT

REPORT#1

HATOX BINT WANTENANCE IN	LIONI				
Complete this report at the time of the regular monthly Complete this report whenever the instrument is service Retain the original and send a copy within 15 days to the complete this report.	ed or repaired and v	vhenever it is place	o exceed 35 days). ced into service.		
NAME OF AGENCY Desloge P.D.			07/14/2020		
LOCATION OF INSTRUMENT (STREET AND CITY) 1000 N. Desloge Dr., Desloge, MO			TIME OF INSPECTION 06:04:00		
CHECKLIST: Place a mark in the box by each item if values where determined). Unmarked items must be o	found to be satisfact	ory or is operating instrument.	g within established limits. (	Write in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME <u>07/14/2020 06:04:02</u> ☑ DETECTOR					
☑ PROGRAM ☑ FILTER 1					
☑ SAMPLE CHAMBER 48.7°C		FILTER 2			
☑ BREATH TUBE 44.6°C		FILTER 3			
☑ PUMP		INTERNAL ST	ANDARD		
BREATH ANALYZER ACCURACY STANDARDS					
☐ SIMULATOR STANDARD		] COMPRESSE	D ETHANOL-GAS MIXTU	RE	
☑ STANDARD SUPPLIER INTOXIMETERS	LOT#_A	G005803	EXP. DATE	02/27/2022	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIMULATO	OR SN	SIMULATOR EXP DA	ATE	
of .005 or less. Mark the box corresponding to the   0.10% STANDARD - MUST READ BETV  0.08% STANDARD - MUST READ BETV  0.04% STANDARD - MUST READ BETV	VEEN 0.095% AND VEEN 0.076% AND	0.105% INCLUS 0.084% INCLUS	SIVE		
TEST 1: 0.100 TES	T 2: 0.100		TEST 3: 0.100		
PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWING	RANGES SING	E THE LAST MAINTEN	ANCE REPORT:	
REFUSALS: 0 004: 0 .05	09: 0	.1014: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ON THAT WAS MADE TO RE	STORE THE INSTRUM	ENT TO OPERATE SATISFACTORILY	AND WITHIN	
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME LORALEE D	BADER		
TYPE II PERMIT NAMBER 200110	03/03/2022	TELEPHO	NE NUMBER 431-1463		
	Alcohol Program, Neast District Office James Blvd, Poplar B		of Health and Senior Service	ees	



#### Airgas USA LLC (LAB)

3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100

Fax: (314) 533-7328

## **Certificate of Analysis**

**Customer Name** Test Date: 2-Mar-2020

**Exclusive Supplier** Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Lot # AG005803 Model 108cacd

Cyl. Type Component **Certified Concentration** Exp. Date 27-Feb-2022 108 Ethanol  $0.100 \pm 2\%$  BrAC (260 ppm)

> Nitrogen Balance

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

RGM Serial No.	<u>Concentration</u>	RGM Serial No.	<b>Concentration</b>
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.** Concentration **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: 2020.03.02 10:29:26 -06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Norl Marsola 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

## LORALEE BADER

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 3/3/2020	wante
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 200110	
EXPIRES 3/3/2022	for Ulle
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

