By Tracy Crews at 7:43 am, Dec 16, 2021

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

REPORT #1

A MANAGEMENT OF THE INTERIOR O	I ENANCE REPOR	1				
Complete this report at the time of the Complete this report whenever the ins Retain the original and send a copy w	strument is serviced or rep	aired and whenev	er it is placed into			
	of agency osho Police Departme	nt		DATE OF INSPECTION 12/13/2021		
LOCATION OF INSTRUMENT (STREET AND CITY) 201 North College St, Neosho MO				TIME OF INSPECTION 08:20:01		
CHECKLIST: Place a mark in the bo values where determined). Unmarked	x by each item if found to I items must be corrected	be satisfactory or is before using instru	s operating within ment.	n established limits.	(Write in ob	served
☑ DIAGNOSTIC RECORD						
DATE AND TIME 12/13/2021	08:20:03	☑ DET	ECTOR			
☑ PROGRAM		☑ FILT	ER 1			
SAMPLE CHAMBER 48.8°	<u>C</u>		ER 2			
☑ BREATH TUBE 41.8°C		☑ FILT	ER 3			
☑ PUMP			RNAL STANDA	RD		
BREATH ANALYZER ACCURACY	STANDARDS					
☐ SIMULATOR STANDARD		☑ COM	PRESSED ETH	ANOL-GAS MIXTU	JRE	
☑ STANDARD SUPPLIER INTOX	(IMETER	LOT#_AG130	104	EXP. DATE_	10/28/202	3
SIMULATOR TEMP (34°C ± 0.2°	C)	SIM. SN	s	IM. NIST EXP DAT	Έ	
Run three tests using a standard. of .005 or less. Mark the box cor  0.10% STANDARD - ML 0.08% STANDARD - ML 0.04% STANDARD - ML	responding to the standar JST READ BETWEEN 0. JST READ BETWEEN 0.	d being used. 095% AND 0.1059 076% AND 0.0849	6 INCLUSIVE 6 INCLUSIVE	must nave a sprea	ia	
TEST 1: 0.100	TEST 2: 0.10	00		TEST 3: 0.100		
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BRE	ATH TESTS IN THE FC	LLOWING RANG	ES SINCE THE	LAST MAINTEN	ANCE REF	PORT:
REFUSALS: 0 004: 0	.0509: 0	.1014		.1519: 0		R .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTER	ATION OR MODIFICATION THAT W					
ESTABLISHED LIMITS (USE OTHER SIDE IF NECES	SARY) 					_
	<del>-</del>					
INSPECTING OFFICER						
SIGNATURE // 0		PRINT FU	L NAME H J BRUMFIEL	D		
TYPE II PERMIT NUMBER	EXPIRATION	ON DATE	TELEPHONE NUMB			
210138		7/2023	417-451-80	12		
RETURN COMPLETED REPORT	TO THE Breath Alcohol by mail, fax, or	Program, Missour email	Department of H	lealth and Senior S	Services	
MO 580-2898 (5-19)	AN EQUAL OPP	ORTUNITY/AFFIRMATIVE	ACTION EMPLOYER			1 AP 166

## STANDARD CHANGE

Neosho Police Department

INTOX dmt: 500015

Date: 12/13/2021 Time: 08:16:06

OPERATOR NAME: KEITH J BRUMFIELD PERMIT NUMBER: 210138

EXPIRATION DATE: 07/07/2023

LOT #: AG130104

SUPPLIER: INTOXIMETER EXPIRATION: 10/28/2023 SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION CONCENTRATION: 0.100

TARGET: 0.097

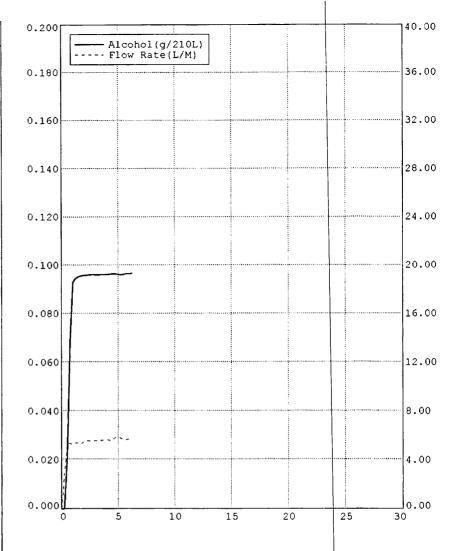
 BLANK TEST
 0.000
 08:17

 INTERNAL STANDARD
 VERIFIED
 08:17

 EXTERNAL STANDARD
 0.097
 08:17

 BLANK TEST
 0.000
 08:18

Average = 0.0970 Std Dev = 0.0000 Spread = 0.0000



K Broked



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: 1-Nov-2021

Lot # AG130104 Model 108

Exp Date 28-Oct-2023 Cyl. Type

108

Component Ethanol **Certified Concentration** 

0.100 ± 2% BrAC (260 ppm)

Nitrogen

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

RGM Serial No.	Concentration	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.	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 Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:11.05.2021 11:46

Approved for Release:

Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



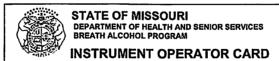
# STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# PERMIT TYPE II KEITH J. BRUMFIELD

is hereby authorized to instruct and supervise and operate the following breath analyzer(s):	operators, train instructors, inspect, calibrate, perform field service and repairs,
577.020 through 577.041, RSMo and 306.1111	blood from a sample of expired air. Permit issued under the provisions of sections through 306.119 RSMo.
NUMBER 210138	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 7/7/2023	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES 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 BRUMFIELD, KEITH Permit No 210138

Date Issued 7/7/2021 Date Expires 7/7/2023

Ted ////2021 Date Expires ////2023

