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By Tracy Crews at 9:01 am, Aug 04, 2021



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

INIOX DMI M	AINTENAN	CE REPORT			REPORT #1
Complete this report at the time of Complete this report whenever the Retain the original and send a co	e instrument is	serviced or repaired and wh	enever it is placed in	, ,	
NTOX DMT SN 500031	Carl Junctio	n Police Department	20	DATE OF INSPECTION 08/03/2021	
OCATION OF INSTRUMENT (STREET AND C 302 N. Main Street Carl Jun				TIME OF INSPECTION 15:59:12	
CHECKLIST: Place a mark in th values where determined). Unma	e box by each rked items mu	item if found to be satisfactors st be corrected before using	ry or is operating wit instrument.	hin established limits. (Write in ob	served
☑ DIAGNOSTIC RECORD					
DATE AND TIME _08/03/2	021 15:59:14		DETECTOR		
☑ PROGRAM			FILTER 1		
SAMPLE CHAMBER 4	8.8°C		FILTER 2		
BREATH TUBE 46.9°C	:		FILTER 3		
☑ PUMP		☑ INTERNAL STANDARD			
BREATH ANALYZER ACCUR	ACY STANDA	RDS			
☐ SIMULATOR STANDARD				THANOL-GAS MIXTURE	
STANDARD SUPPLIER IN	TOXIMETER	LOT#_AC	G932204	EXP. DATE 11/07/202	!1
☐ SIMULATOR TEMP (34°C ±	0.2°C)	SIM. SN		SIM. NIST EXP DATE	
☐ 0.08% STANDARD	- MUST REAL	D BETWEEN 0.095% AND 0 D BETWEEN 0.076% AND 0 D BETWEEN 0.038% AND 0	0.084% INCLUSIVE		
TEST 1: 0.097		TEST 2: 0.097		TEST 3: 0.097	
PERFORM R.F.I. TEST		•			
INDICATE THE NUMBER OF	BREATH TES	TS IN THE FOLLOWING	RANGES SINCE T	HE LAST MAINTENANCE REI	PORT:
REFUSALS: 1 004: 1	0	.0509: 3	1014: 0	.1519: 0	R .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ESTABLISHED LIMITS (USE OTHER SIDE IF	ALTERATION OR MI NECESSARY)	DDIFICATION THAT WAS MADE TO RES	STORE THE INSTRUMENT TO	O OPERATE SATISFACTORILY AND WITHIN	
INSPECTING OFFICER SIGNATURE		IQ.	RINT FULL NAME		
F MU		JARED B RICHN		Secretary and the secretary an	
TYPE II PERMIT NUMBER 290204		09/11/2021	417-649-		
Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email					



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

Cyl. Type

Component

Certified Concentration

7-Nov-2021

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 392.1 ppm EB0010570 259.8 ppm

EB0010285

EB0010561 EB0010681

103.6 ppm 52.12 ppm

CC434668 CC234503

CRM Serial No.

Concentration

mag 0.008 253.0 ppm

Concentration **RGM Serial No.**

EB0010603 EB0010559 208.0 ppm EB0010595

EB0010562

EB0010579

CRM Serial No.

0056649 0056662 Concentration 393.0 ppm

258.2 ppm 208.3 ppm

104.2 ppm 52.81 ppm

Concentration 390.1 ppm

150.2 ppm

Analytical Method:

NDIR

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:

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 JARED B RICHMOND

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

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



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

INSTRUMENT OPERATOR CARD

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

RICHMOND, JARED

Permit No 290204

Date Expires 9/11/2021

