By Tracy Crews at 6:42 am, Oct 04, 2021



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 month Complete this report whenever the instrument is ser Retain the original and send a copy within 15 days to | rviced or repaired and | whenever it is placed in | | |
|--|--|----------------------------------|----------------------------|------------------|
| NAME OF AGENCY 500043 Missouri State Highway Patrol | | | 10/01/2021 | |
| LOCATION OF INSTRUMENT (STREET AND CITY) 2990 NW Vivion Road, Riverside, MO | | | 10:51:31 | |
| CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be | n if found to be satisfac e corrected before usir | tory or is operating wit | hin established limits. (W | rite in observed |
| ☑ DIAGNOSTIC RECORD | | | | |
| DATE AND TIME 10/01/2021 10:51:34 | Σ | DETECTOR | | |
| ☑ PROGRAM | . 0 | FILTER 1 | | |
| ☑ SAMPLE CHAMBER 48.9°C | | FILTER 2 | | |
| ☐ BREATH TUBE 48.1°C | Σ | FILTER 3 | | |
| ☑ PUMP | ٥ | INTERNAL STAND | ARD | |
| BREATH ANALYZER ACCURACY STANDARDS | S | | | |
| ☐ SIMULATOR STANDARD | Σ | COMPRESSED ET | THANOL-GAS MIXTURE | |
| ☐ STANDARD SUPPLIER INTOXIMETERS | LOT#_ <i>_</i> | AG931104 | EXP. DATE 11 | /07/2021 |
| ☐ SIMULATOR TEMP (34°C ± 0.2°C) | SIM. SN_ | | SIM. NIST EXP DATE_ | |
| □ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used. □ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE □ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE | | | | |
| TEST 1: 0.097 | EST 2: 0.099 | | TEST 3: 0.098 | |
| ☑ PERFORM R.F.I. TEST | | | | |
| INDICATE THE NUMBER OF BREATH TESTS I | IN THE FOLLOWING | RANGES SINCE TI | HE LAST MAINTENAN | CE REPORT: |
| REFUSALS: 0 004: 11 .09 | 509: 4 | .1014: 8 | .1519: 2 | OVER .19: 5 |
| LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC, ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) | ATION THAT WAS MADE TO RE | ESTORE THE INSTRUMENT TO | OPERATE SATISFACTORILY AND | NIHTIW |
| printer replaced | | | | |
| INSPECTING OFFICER | | | | |
| SIGNATURE | | PRINT FULL NAME BRUCE E THOMA | ۸N | |
| TYPE II PERMIT NUMBER 290293 | EXPIRATION DATE 12/16/2021 | TELEPHONE NUM 816-622-0 | MBER | |
| RETURN COMPLETED REPORT TO THE 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 7-Nov-2021 Cyl. Type 108 Component Ethanol

<u>Certified Concentration</u> 0.100 ± 2% BrAC (260 ppm)

Nitrogen

Balance

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 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

BRUCE E THOMAN

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 | 12/16/2019 | hun har |
|--------------------|------------|--|
| | | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY |
| NUMBER | 290293 | |
| EXPIRES 12/16/2021 | for Utille | |
| | | DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES |

MO 580-0771 (6-10)



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 THOMAN, BRUCE

