### RECEIVED

By Tracy Crews at 8:26 am, Sep 05, 2021



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

#### INTOX DMT MAINTENANCE REPORT

REPORT #1

THE STATE OF THE S	(El OIII					
Complete this report at the time of the regular monthl Complete this report whenever the instrument is serv Retain the original and send a copy within 15 days to	iced or repaired and whenever	it is placed into service.				
500078 NAME OF AGENCY Missouri State H	ighway Patrol	DATE OF INSPECTI 09/01/2021				
Newton County Jail		TIME OF INSPECTION 06:47:19	NO			
CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be	if found to be satisfactory or is of corrected before using instrum	perating within established linent.	mits. (Write in observed			
☑ DIAGNOSTIC RECORD						
DATE AND TIME09/01/2021_06:47:21						
☑ PROGRAM		1				
☑ SAMPLE CHAMBER 48.8°C	. X FILTER	22				
☑ BREATH TUBE 47.9°C		23				
☑ PUMP		NAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS						
☐ SIMULATOR STANDARD		RESSED ETHANOL-GAS M	IXTURE			
STANDARD SUPPLIER INTOXIMETERS	LOT#_AG02440	EXP. DA	TE_08/31/2022			
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP	DATE			
<ul> <li>☑ CALIBRATION CHECK - (ONLY ONE STAND Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to the action of .005 or less. Mark the box corresponding to the action of .010% STANDARD - MUST READ BET</li> <li>☐ 0.08% STANDARD - MUST READ BET</li> <li>☐ 0.04% STANDARD - MUST READ BET</li> </ul>	he standard being used. WEEN 0.095% AND 0.105% I WEEN 0.076% AND 0.084% I	NCLUSIVE NCLUSIVE	produ			
TEST 1: 0.099	ST 2: 0.099	TEST 3: 0.09	9			
PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TESTS I	N THE FOLLOWING RANGE	S SINCE THE LAST MAIN	TENANCE REPORT:			
REFUSALS: 2 004: 0 .05	i09: 3 .1014: 1	.1519: 1	OVER .19: 1			
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICA ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	TION THAT WAS MADE TO RESTORE THE	INSTRUMENT TO OPERATE SATISFACT	ORILY AND WITHIN			
INSPECTING OFFICER SIGNATURE	PRINT FULL N	NAME EYTDAY				
TYPE II PERMIT MUMBER O 2		TELEPHONE NUMBER 417-895-6868				
	th Alcohol Program, Missouri D ail, fax, or email	epartment of Health and Sen	ior Services			



#### 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: 2-Sep-2020

Lot # AG024403 Model 108cacd

Exp. Date 31-Aug-2022 Cyl. Type 108 Component Ethanol

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.	Concentration 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm	RGM Serial No.	Concentration
EB0010581		EB0010603	393.0 ppm
EB0010570		EB0010559	258.2 ppm
EB0010285		EB0010595	208.3 ppm
EB0010561		EB0010562	104.2 ppm
EB0010681		EB0010579	52.81 ppm

CRM Serial No. CC434668 CC234503	Concentration 800.0 ppm 253.0 ppm	CRM Serial No. 0056649 0056662	Concentration 390.1 ppm 150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2020.09.02 19:09:33 -05:00 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

## JEFFREY T. DAY

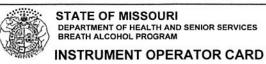
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

# **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. Laura & Nay DATE \_\_\_\_\_7/23/2021 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 210146 EXPIRES 7/23/2023 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

Operator Permit No

DAY, JEFFREY 210146

Date Issued 7/23/2021

Date Expires 7/23/2023

