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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES	RECEIVED
STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM INTOX DMT MAINTENANCE REPORT	By Tracy Crews at 8:51 am, Jul 02, 2021
INTOX DMT MAINTENANCE REPORT	REPOR

Complete this report at the time of the regular mo Complete this report whenever the instrument is s Retain the original and send a copy within 15 day	serviced or repaired and whenever it is p	placed into service.
INTOX DMT SN NAME OF AGENCY 500092 Missouri State	e Highway Patrol	DATE OF INSPECTION 07/01/2021
LOCATION OF INSTRUMENT (STREET AND CITY) Bollinger County Jail, 202 High St, Marble	Hill	TIME OF INSPECTION 09:19:47
CHECKLIST: Place a mark in the box by each ite values where determined). Unmarked items must	em if found to be satisfactory or is opera	ating within established limits. (Write in observed
☑ DIAGNOSTIC RECORD		
DATE AND TIME <u>07/01/2021 09:19:50</u>	☑ DETECTO	R
☑ PROGRAM	☑ FILTER 1	
☑ SAMPLE CHAMBER 48.9°C	☑ FILTER 2	
☑ BREATH TUBE 48.1°C	☐ FILTER 3	
☑ PUMP		STANDARD
BREATH ANALYZER ACCURACY STANDAR	rds	
☐ SIMULATOR STANDARD		SED ETHANOL-GAS MIXTURE
☑ STANDARD SUPPLIER INTOXIMETERS	LOT# <u>AG102002</u>	EXP. DATE <u>01/20/2023</u>
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DATE
of .005 or less. Mark the box corresponding ☑ 0.10% STANDARD - MUST READ I ☐ 0.08% STANDARD - MUST READ I ☐ 0.04% STANDARD - MUST READ I	BETWEEN 0.095% AND 0.105% INCL BETWEEN 0.076% AND 0.084% INCL	LUSIVE
TEST 1: 0.099	TEST 2: 0.099	TEST 3: 0.099
☑ PERFORM R.F.I. TEST		
INDICATE THE NUMBER OF BREATH TEST	S IN THE FOLLOWING RANGES S	INCE THE LAST MAINTENANCE REPORT:
REFUSALS: 0 004: 1	.0509: 0 .1014: 0	.1519: 1 OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MOD ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	FICATION THAT WAS MADE TO RESTORE THE INSTE	RUMENT TO OPERATE SATISFACTORILY AND WITHIN
INSPECTING OFFICER SIGNATURE James Prove	PRINT FULL NAME JAMES A F	ROWE
TYPE II PERMIT NUMBER 200024		PHONE NUMBER 3-840-9500
	Breath Alcohol Program, Missouri Depa by mail, fax, or email	rtment of Health and Senior 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: 21-Jan-2021

Lot # AG102002 Model 108cacd

Exp. Date 20-Jan-2023 Cyl. Type 108

Component Ethanol

Certified Concentration $0.100 \pm 2\%$ BrAC (260 ppm)

Nitrogen

Balance

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

RGM Serial No. EB0010581 EB0010570

Concentration 392.1 ppm 259.8 ppm 208.0 ppm

EB0010285 103.6 ppm EB0010561 EB0010681 52.12 ppm RGM Serial No. EB0010603

EB0010559 EB0010595 EB0010562

EB0010579

208.3 ppm 104.2 ppm 52.81 ppm

CRM Serial No. CC727481 CC727496

1.1 1.1

1 1111

-1.1111

Concentration 800.0 ppm 253.0 ppm

CRM Serial No. CC727493 CC727498

Concentration 390.0 ppm 150.0 ppm

Concentration

393.0 ppm

258.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2021,01,27 14:59:44 -06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

114

11:15

Approved for Release:

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Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07

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