By Tracy Crews at 8:18 am, Dec 06, 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 regula Complete this report whenever the instrume Retain the original and send a copy within 15	nt is serviced or repaired and	whenever it is placed			
NAME OF AGENCY 500093 Missouri State Highway Patrol			DATE OF INSPECTION 12/02/2021		
17201 Paradesian, Smithville, MO		TIME OF INSPECTION 12:20:20			
CHECKLIST: Place a mark in the box by eavalues where determined). Unmarked items	uch item if found to be satisfa must be corrected before us	actory or is operating wi	thin established limits. (Writ	e in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME 12/02/2021 12:20:22					
☑ PROGRAM ☑ FILTER 1					
SAMPLE CHAMBER 48.8°C					
☑ BREATH TUBE 42.3°C		☑ FILTER 3			
☑ PUMP		☑ INTERNAL STAND	DARD		
BREATH ANALYZER ACCURACY STAN	DARDS				
☐ SIMULATOR STANDARD		COMPRESSED ETHANOL-GAS MIXTURE			
STANDARD SUPPLIER INTOXIMET	ERS LOT#_	AG004403	EXP. DATE <u>02/1</u>	3/2022	
SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE		
□ CALIBRATION CHECK - (ONLY ONE Run three tests using a standard. All three of .005 or less. Mark the box correspon □ 0.10% STANDARD - MUST RE □ 0.08% STANDARD - MUST RE □ 0.04% STANDARD - MUST RE	ding to the standard being u EAD BETWEEN 0.095% AN EAD BETWEEN 0.076% AN	sed. D 0.105% INCLUSIVE D 0.084% INCLUSIVE			
TEST 1: 0.100	TEST 2: 0.100		TEST 3: 0.099		
☑ PERFORM R.F.I. TEST			L		
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLOWIN	G RANGES SINCE T	HE LAST MAINTENANCE	E REPORT:	
REFUSALS: 0 004: 0	.0509: 0	.1014: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OF ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) December 2021	MODIFICATION THAT WAS MADE TO	RESTORE THE INSTRUMENT TO	DOPERATE SATISFACTORILY AND W	ЛТНІN	
INSPECTING OFFICER					
SIGNATURE MY SECTION SECTION		PRINT FULL NAME CASEY O TUBBS			
TYPE II PERMIT NUMBER 210219	09/16/2023	TELEPHONE NU 816-622-			
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 Yest Date: 17-Feb-2020

Lot # AG004403 Model 108cacd

Exp. Date 13-Feb-2022 Cyl. Type 108 Component 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	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: 2020.02.18 10:32:01 -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