



REPORT #1

Complete this report at the time of the regular monthly Complete this report whenever the instrument is servi Retain the original and send a copy within 15 days to	iced or repaired and when	ever it is placed into service			
NAME OF AGENCY 500124 NAME OF AGENCY Missouri State Highway Patrol			NSPECTION 1/2021		
LOCATION OF INSTRUMENT (STREET AND CITY) 1100 Littleby Road, Mexico, Mo. 65265			ISPECTION 1:22		
CHECKLIST: Place a mark in the box by each item it values where determined). Unmarked items must be	f found to be satisfactory of corrected before using ins	r is operating within establis	shed limits. (Write in observed		
☑ DIAGNOSTIC RECORD	3				
DATE AND TIME <u>03/01/2021 09:14:24</u> ☑ DETECTOR					
☑ PROGRAM ☑ FILTER 1					
SAMPLE CHAMBER_48.7°C ☐ FILTER 2					
☐ BREATH TUBE 45.5°C ☐ FILTER 3					
□ PUMP □ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDARDS					
☐ SIMULATOR STANDARD	⊠ co	MPRESSED ETHANOL-G	SAS MIXTURE		
STANDARD SUPPLIER INTOXIMETERS	LOT#_AG02	4403 EX	P. DATE <u>08/31/2022</u>		
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST	EXP DATE		
Run three tests using a standard. All three tests r of .005 or less. Mark the box corresponding to the .005 or less. Mark the box corresponding to the .005 or less. Mark the box corresponding to the .005 or less. Mark the box corresponding to the .005 or less. Must read bet .006 or .006 or .007 or .008 or .00	he standard being used. WEEN 0.095% AND 0.10 WEEN 0.076% AND 0.08	5% INCLUSIVE 4% INCLUSIVE			
TEST 1: 0.099	ST 2: 0.099	TEST 3	3: 0.099		
PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWING RAI	IGES SINCE THE LAST	MAINTENANCE REPORT:		
REFUSALS: 0 004: 0 .05-	09: 0 .10	4: 0 .1519	0 OVER .19: 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	TION THAT WAS MADE TO RESTOR	THE INSTRUMENT TO OPERATE SA	ITISFACTORILY AND WITHIN		
INSPECTING OFFICER					
SIGNATURE 25 Q		FULL NAME NIEL J DALTON			
TYPE II PERMIT NÜMBER 290299	12/26/2021	TELEPHONE NUMBER 573-751-1000			
	th Alcohol Program, Misso ail, fax, or email	uri Department of Health ar	nd 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: 2-Sep-2020

Lot # AG024403 Model 108cacd

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

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

Ethanol

Balance

Nitrogen

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: 2020.09.02 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

DANIEL J DALTON

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 12/26/2019	wind
DATE 12/20/2017	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 290299	
EXPIRES 12/26/2021	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

