

RECEIVED

By Tracy Crews at 9:24 am, Aug 18, 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 monthly preventive maintenance check (not to exceed 35 days).

Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.

Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX DMT SN 500133	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 08/13/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 501 1st Street, Hillsboro	TIME OF INSPECTION 20:21:37
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CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

 DIAGNOSTIC RECORDDATE AND TIME 08/13/2021 20:21:40 DETECTOR PROGRAM FILTER 1 SAMPLE CHAMBER 48.7°C FILTER 2 BREATH TUBE 47.8°C FILTER 3 PUMP INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

 SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE STANDARD SUPPLIER INTOXIMETERS LOT # AG011501 EXP. DATE 04/24/2022 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: 0.100

TEST 2: 0.100

TEST 3: 0.100

 PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0

0-.04: 1

.05-.09: 0

.10-.14: 0

.15-.19: 0

OVER .19: 0

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)

INSPECTING OFFICER

SIGNATURE #1343 PRINT FULL NAME
BRIAN MAGNANTYPE II PERMIT NUMBER
200008 EXPIRATION DATE
01/03/2022 TELEPHONE NUMBER
636-300-2800RETURN 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: 28-Apr-2020

Lot # AG011501 **Model** 108cacd

Exp. Date

24-Apr-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.

EB0010581

EB0010570

EB0010285

EB0010561

EB0010681

Concentration

392.1 ppm

259.8 ppm

208.0 ppm

103.6 ppm

52.12 ppm

RGM Serial No.

EB0010603

EB0010559

EB0010595

EB0010562

EB0010579

Concentration

393.0 ppm

258.2 ppm

208.3 ppm

104.2 ppm

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

Approved for Release:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06

ISO 17034:2016 A2LA accredited. Certificate Number 3082.07

STANDARD CHANGE

Missouri State Highway Patrol
INTOX dmt: 500133

Date: 08/02/2021
Time: 21:55:12

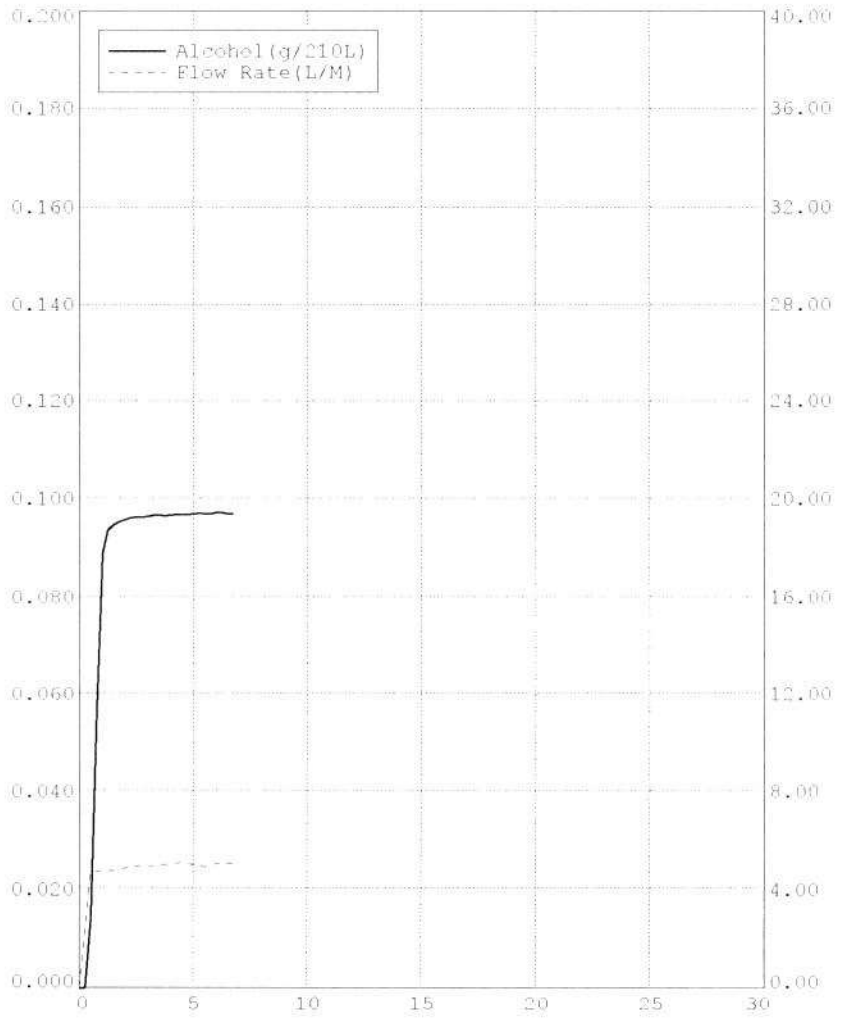
OPERATOR NAME:
BRIAN MAGNAN
PERMIT NUMBER: 200008
EXPIRATION DATE: 01/03/2022

LOT #: AG011501
SUPPLIER: INTOXIMETERS
EXPIRATION: 04/24/2022
SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION
CONCENTRATION: 0.100
TARGET: 0.097

BLANK TEST	0.000	21:56
INTERNAL STANDARD	VERIFIED	21:56
EXTERNAL STANDARD	0.097	21:56
BLANK TEST	0.000	21:57

Average = 0.0970
Std Dev = 0.0000
Spread = 0.0000



Tpx. B. Magnan #1343