By Tracy Crews at 11:50 am, Mar 03, 2021



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

## INTOX DMT MAINTENANCE REPORT

REPORT #1

	A.T. (TOTALE)				
Complete this report at the time of the regular monthly Complete this report whenever the instrument is service Retain the original and send a copy within 15 days to	ced or repaired and whenever it i	s placed into service.			
INTOX DMT SN 500146  NAME OF AGENCY Missouri State Hi	DATE OF INSPECTION 03/03/2021				
LOCATION OF INSTRUMENT (STREET AND CITY) Festus Police Dept., 711 W. Main St., Festus, MO		TIME OF INSPECTION 08:43:31			
CHECKLIST: Place a mark in the box by each item if values where determined). Unmarked items must be	found to be satisfactory or is ope corrected before using instrumen	erating within established limits. t.	(Write in observed		
☑ DIAGNOSTIC RECORD					
DATE AND TIME 03/03/2021 08:43:33	☑ DETECT	OR			
☑ PROGRAM ☑ FILTER 1					
☑ SAMPLE CHAMBER 48.8°C	☑ SAMPLE CHAMBER 48.8°C ☑ FILTER 2				
☑ BREATH TUBE 47.0°C					
□ PUMP		AL STANDARD			
BREATH ANALYZER ACCURACY STANDARDS					
☐ SIMULATOR STANDARD					
☑ STANDARD SUPPLIER INTOXIMETERS	LOT#_AG004403	EXP. DATE	02/13/2022		
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DAT	TE		
□ CALIBRATION CHECK - (ONLY ONE STAND. Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to the .0.10% STANDARD - MUST READ BET .0.08% STANDARD - MUST READ BET .0.04% STANDARD - MUST READ .0.04% STANDARD - MUST R	ne standard being used. WEEN 0.095% AND 0.105% IN WEEN 0.076% AND 0.084% IN	CLUSIVE	ad		
TEST 1: 0.098 TES	ST 2: 0.098	TEST 3: 0.099	TEST 3: 0.099		
☑ PERFORM R.F.I. TEST		<u> </u>			
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWING RANGES	SINCE THE LAST MAINTEN	IANCE REPORT:		
REFUSALS: 1 004: 0 .05-	09: 1 .1014: 1	.1519: 0	OVER .19: 1		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICAT ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	TION THAT WAS MADE TO RESTORE THE IN	STRUMENT TO OPERATE SATISFACTORIL	Y AND WITHIN		
INSPECTING OFFICER					
SIGNATURE	PRINT FULL NA BRIAN N				
TYPE II PERMIT NUMBER 1/347, 200008	EXPIRATION DATE TEL	EPHONE NUMBER 636-300-2800			
	th Alcohol Program, Missouri Depail, fax, or email	partment 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**

<u>Customer Name</u> 2-Sep-2020

Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Lot # AG024403 Model 108cacd

Exp. DateCyl. TypeComponentCertified Concentration31-Aug-2022108Ethanol0.100 ± 2% BrAC (260 ppm)NitrogenBalance

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

Approved for Release: North Marsala

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: 500154

Date: 03/03/2021 Time: 08:06:59

OPERATOR NAME: BRIAN MAGNAN

PERMIT NUMBER: 200008

EXPIRATION DATE: 01/03/2022

LOT #: AG024403

SUPPLIER: INTOXIMETERS EXPIRATION: 08/31/2022 SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION CONCENTRATION: 0.100

TARGET: 0.099

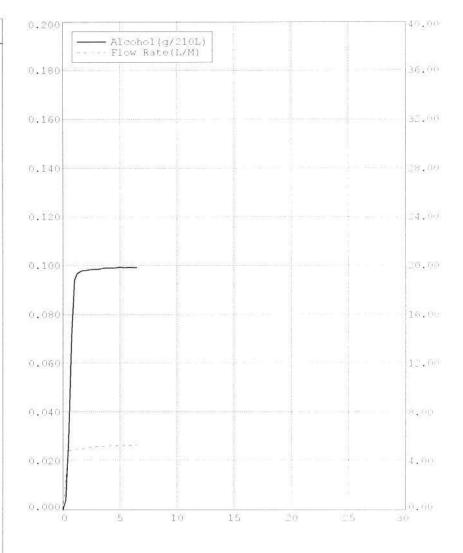
 BLANK TEST
 0.000
 08:07

 INTERNAL STANDARD
 VERIFIED
 08:08

 EXTERNAL STANDARD
 0.099
 08:08

 BLANK TEST
 0.000
 08:09

Average = 0.0990 Std Dev = 0.0000 Spread = 0.0000



TRL. B. My #1343