RECEIVED

By Tracy Crews at 8:30 am, Nov 09, 2021



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

			-105 1- \		
Complete this report at the time of the regular Complete this report whenever the instrument Retain the original and send a copy within 15 or	is serviced or repaired and	whenever it is placed into			
INTOX DMT SN NAME OF AGENCY 500151 Missouri State Highway Patrol			11/05/2021		
LOCATION OF INSTRUMENT (STREET AND CITY) Schuyler Co Jail, Jackson & Liberty Sts.		TIME OF INSPECTION 14:05:56			
CHECKLIST: Place a mark in the box by each values where determined). Unmarked items m	n item if found to be satisfacture usited to the corrected before usited before usited before usited to the corrected before using the corrected	tory or is operating withing instrument.	n established limits. (W	rite in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME	8	DETECTOR			
☑ PROGRAM		FILTER 1			
☐ SAMPLE CHAMBER 48.8°C ☐ ☐ FILTER 2					
☑ BREATH TUBE_47.0°C		FILTER 3			
☑ PUMP	[INTERNAL STANDA	ARD		
BREATH ANALYZER ACCURACY STAND	ARDS				
☐ SIMULATOR STANDARD		COMPRESSED ETH	HANOL-GAS MIXTURE	=	
☑ STANDARD SUPPLIER INTOXIMETE	RS LOT#_	AGO24403	EXP. DATE <u>08</u>	/31/2022	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE_		
 □ CALIBRATION CHECK - (ONLY ONE S Run three tests using a standard. All three of .005 or less. Mark the box correspondi □ 0.10% STANDARD - MUST REA □ 0.08% STANDARD - MUST REA □ 0.04% STANDARD - MUST REA 	ing to the standard being us ND BETWEEN 0.095% AND ND BETWEEN 0.076% AND	ed. 0 0.105% INCLUSIVE 0 0.084% INCLUSIVE	a masc nave a oproda		
TEST 1: 0.099	TEST 2: 0.098		TEST 3: 0.097		
PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TE	STS IN THE FOLLOWING	G RANGES SINCE TH	E LAST MAINTENAN	CE REPORT:	
REFUSALS: 0 004: 0	.0509: 0	.1014: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR I	MODIFICATION THAT WAS MADE TO F	ESTORE THE INSTRUMENT TO	OPERATE SATISFACTORILY AN	D WITHIN	
INSPECTING OFFICER					
SIGNATURE Wessey J Cm		PRINT FULL NAME WILLIAM J CROSE	—————————————————————————————————————		
TYPE II PERMIT NUMBER 200087	EXPIRATION DATE 02/18/2022	TELEPHONE NUM			
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

Test Date: 2-Sep-2020

Lot # AG024403 Model 108cacd

Exp. Date

31-Aug-2022

Cyl. Type

108

Component

Ethanol Nitrogen **Certified Concentration**

0.100 ± 2% BrAC (260 ppm)

150.2 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: 2020.09.02 19:09:33 -05.00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Norl Marsala
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

WILLIAM J CROSE

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. BSMo and 306.111 through 306.119 BSMo.

critical through or the right and or critical and and or critical and and or critical and or c	
DATE2/18/2020	wante
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 200087	
EXPIRES 2/18/2022	for Ville
E/A III CO 2/10/2022	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
	140.4/00.40

MO 580-0771 (6-10)

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath according instrument for the determination of the alcoholic content in breath form of expired a in Missouri.

Operator CROSE, WILLIAM

Permit No 200087

Date Issued 2/18/2020 Date Expires 2/18/2022

