### **RECEIVED**

By Tracy Crews at 10:26 am, Jun 08, 2021



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

#### INTOX DMT MAINTENANCE REPORT

REPORT #1

THE STATE OF THE S	LI OILI			
Complete this report at the time of the regular monthly Complete this report whenever the instrument is servic Retain the original and send a copy within 15 days to the complete this report whenever the instrument is serviced.	ed or repaired and w	henever it is placed it	ceed 35 days). nto service.	
1010X DMT SN NAME OF AGENCY Missouri State Hig	hway Patrol	жү жүнө байын тайы жаны ууны түртүү	05/30/2021	
SULLIVAN CO SO, 109 N. MAIN, MILAN			TIME OF INSPECTION 21:01:38	
CHECKLIST: Place a mark in the box by each item if f values where determined). Unmarked items must be co	found to be satisfacto	ory or is operating wit	hin established limits. (V	Write in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME05/30/2021 21:01:40	⊠	DETECTOR		
☑ PROGRAM	×	FILTER 1		
☑ SAMPLE CHAMBER 48.7°C ☑ FILTER 2				
☑ BREATH TUBE 47.0°C	×	FILTER 3		
☑ PUMP	⊠	INTERNAL STAND	ARD	
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD	Ø	COMPRESSED ET	HANOL-GAS MIXTUR	ξΕ.
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#_A0	3931605	EXP. DATE 1	1/12/2021
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN_		SIM. NIST EXP DATE	
<ul> <li>□ CALIBRATION CHECK - (ONLY ONE STANDAL Run three tests using a standard. All three tests must of .005 or less. Mark the box corresponding to the</li> <li>□ 0.10% STANDARD - MUST READ BETW</li> <li>□ 0.08% STANDARD - MUST READ BETW</li> <li>□ 0.04% STANDARD - MUST READ BETW</li> </ul>	standard being used EEN 0.095% AND 0 EEN 0.076% AND 0	f. 0.105% INCLUSIVE 0.084% INCLUSIVE	ICE REPORT)  nd must have a spread	
TEST 1: 0.098 TEST	2: 0.097		TEST 3: 0.097	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWING I	RANGES SINCE TH	HE LAST MAINTENAN	NCE REPORT:
REFUSALS: 0 004: 0 .050	9: 0	014: 1	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATIO ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	N THAT WAS MADE TO RES	TORE THE INSTRUMENT TO	OPERATE SATISFACTORILY AN	ND WITHIN
INSPECTING OFFICER				
SIGNATURE		RINT FULL NAME G L GAINES		
TYPE II PERMIT NUMBER  200091	EXPIRATION DATE 02/18/2022	TELEPHONE NUM 660-385-2		
RETURN COMPLETED REPORT TO THE Breath by mail	Alcohol Program, Mi , fax, or email	ssouri Department o	f Health and Senior Ser	rvices
				1.0.407



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: 12-Nov-2019

Lot # AG931605 Model 108cacd

Exp. Date 12-Nov-2021 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: 2019.11.13 10.27:30-08:00 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

# **GRAYDON L GAINES**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

## ALCO-SENSOR IV WITH PRINTER, 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.

DATE2/18/2020	wante
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 200091	
EXPIRES 2/18/2022	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
MO 580-0771 (6-10)	LAB4 (R6-10)



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

Operator GAINES, GRAYDON

Permit No 200091

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

