REVIEWED

By Tracy Crews at 7:32 am, Dec 07, 2021



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

11.10% BIN 11.11(11.11(11.11)			
Complete this report at the time of the regular monthly prever Complete this report whenever the instrument is serviced or r Retain the original and send a copy within 15 days to the Bre	epaired and whenever it is placed int		
INTOX DMT SN NAME OF AGENCY 500162 Missouri State Highway	Patrol	DATE OF INSPECTION 12/02/2021	
LOCATION OF INSTRUMENT (STREET AND CITY) 102 N. Meadows Ln, Pattonsburg, MO 64670		TIME OF INSPECTION 23:58:31	
CHECKLIST: Place a mark in the box by each item if found to values where determined). Unmarked items must be corrected	to be satisfactory or is operating with ed before using instrument.	n established limits. (Write in observed	
☑ DIAGNOSTIC RECORD			
DATE AND TIME 12/02/2021 23:58:33	☑ DETECTOR		
☑ PROGRAM	☑ FILTER 1		
SAMPLE CHAMBER 48.8°C ☑ FILTER 2			
☑ BREATH TUBE 48.1°C ☑ FILTER 3			
☑ PUMP ☑ INTERNAL STANDARD			
BREATH ANALYZER ACCURACY STANDARDS			
☐ SIMULATOR STANDARD	COMPRESSED ET	HANOL-GAS MIXTURE	
STANDARD SUPPLIER INTOXIMETERS	LOT#_AG004403	EXP. DATE <u>02/13/2022</u>	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SNS	IM. 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: 0,098 TEST 2: 0,		TEST 3: 0.098	
☑ PERFORM R.F.I, TEST		<u> </u>	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:			
REFUSALS: 0 004: 1 .0509: 0	.1014: 0	.1519: 0 OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	WAS MADE TO RESTORE THE INSTRUMENT TO	DERATE SATISFACTORILY AND WITHIN	
200085 02/	PRINT FULL NAME JASON M CROSS ATION DATE 13/2022 TELEPHONE NUM 816-387-2	345	
by mail, fax, o		Lieditti dildi Getiloli Getilicez	



Airgas USA LLC (LAB)

3500 Bernard Street

St Lauis, 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: 17-Feb-2020

Lot # AG004403 Model 108cacd

Exp. Date 13-Feb-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:

Concentration

392.1 ppm

RGM Serial No. EB0010581 EB0010570 EB0010285 EB0010561

EB0010681 52.12 ppm

CRM Serial No. Concentration
CC434668 800.0 ppm

259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm

Concentration 800.0 ppm 253.0 ppm
 RGM Serial No.
 Concentration

 EB0010603
 393.0 ppm

 EB0010559
 258.2 ppm

 EB0010595
 208.3 ppm

 EB0010562
 104.2 ppm

 EB0010579
 52.81 ppm

 CRM Serial No.
 Concentration

 0056649
 390.1 ppm

 0056682
 150.2 ppm

Analytical Method:

CC234503

NDIR

Digitally signed by Quality Control Date: 2020.02.16 10:32:01 -06:00 Reason: Dry (se standard certification of analysis Location: Argas 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 JASON M CROSS

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

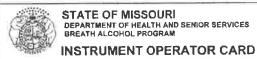
INTOX DMT

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	Wante		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 200085			
EXPIRES 2/13/2022	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		
	LAD A me 4		

MO 580-0771 (6-10)

LAB 4 (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 a in Missouri.

CROSS, JASON

Permit No 200085 Date Issued 2/13/2020

Date Expires 2/13/2022

