RECEIVED

By Tracy Crews at 9:32 am, Mar 09, 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 mo Complete this report whenever the instrument is Retain the original and send a copy within 15 day	serviced or repaired and w	henever it is place		
INTOX DMT SN NAME OF AGENCY Missouri State	e Highway Patrol		03/05/2021	
North Vine Street, Maryville, MO			TIME OF INSPECTION 13:56:55	
CHECKLIST: Place a mark in the box by each it values where determined). Unmarked items mus	em if found to be satisfacted to be corrected before using	ory or is operating ginstrument.	within established limits.	(Write in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME 03/05/2021 13:56:57		DETECTOR		
☑ PROGRAM	X	FILTER 1		
☑ SAMPLE CHAMBER 48.8°C ☑ FILTER 2				
☐ BREATH TUBE 43.7°C ☐ FILTER 3				
☐ PUMP ☐ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDAR	RDS			
☐ SIMULATOR STANDARD	X	COMPRESSED	ETHANOL-GAS MIXTU	JRE
☑ STANDARD SUPPLIER INTOXIMETERS	LOT#_A	G004403	EXP. DATE_	02/13/2022
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DAT	E
□ CALIBRATION CHECK - (ONLY ONE STARUN three tests using a standard. All three te of .005 or less. Mark the box corresponding □ 0.10% STANDARD - MUST READ □ 0.08% STANDARD - MUST READ □ 0.04% STANDARD - MUST READ	to the standard being use BETWEEN 0.095% AND BETWEEN 0.076% AND	d. • 0.105% INCLUSI\ 0.084% INCLUSI\	/E /E	d
TEST 1: 0.102 TEST 2: 0.101			TEST 3: 0.102	
PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TEST	S IN THE FOLLOWING	RANGES SINCE	THE LAST MAINTEN	ANCE REPORT:
REFUSALS: 0 004: 0	.0509: 0	1014: 0	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MOD ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)				
placed back into service				
INSPECTING OFFICER				
		PRINT FULL NAME THOMAS R HE	NAME IAS R HECKER	
TYPE II PERMIT NUMBER 200113	EXPIRATION DATE 03/03/2022	TELEPHONE 816-38	NUMBER	
	Breath Alcohol Program, M by mail, fax, or email	lissouri Departmen	nt of Health and Senior S	Services



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: 17-Feb-2020

Lot # AG004403 Model 108cacd

Exp. Date 13-Feb-2022 Cyl. Type 108 Component Ethanol <u>Certified Concentration</u> 0.100 ± 2% BrAC (260 ppm)

Nitrogen

Balance

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

 RGM Serial No.
 Concentration

 EB0010581
 392.1 ppm

 EB0010570
 259.8 ppm

 EB0010285
 208.0 ppm

 EB0010561
 103.6 ppm

 EB0010681
 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

 0056662
 150.2 ppm

Analytical Method:

CRM Serial No.

CC434668

CC234503

NDIR

Digitally signed by Quality Control Date: 2020.02.18 10:32:01 -06:00 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

THOMAS HECKER

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

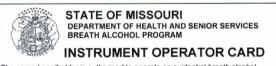
INTOX DMT

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.

3/1.020	though 577.041, Noivio and 500.111 through 500.119 Noivi	0.		
DATE3/3/2020	3/3/2020	wind		
	UI II I	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER	200113			
EXPIRES	3/3/2022	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		

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 air in Missouri.

Operator HECKER, THOMAS

Permit No 200113

Date Issued 3/3/2020 Date Expires 3/3/2022

