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By Tracy Crews at 8:28 am, Sep 05, 2021



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

ANNA INTOX DIVITIVIANT ENVIACE	LINEFORT				
Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.					
INTOX DMT SN NAME OF AGENCY Missouri State			08/31/2021		
LOCATION OF INSTRUMENT (STREET AND CITY) PUTNAM CO SO, 1601 MAIN, UNIONVILLE	=		TIME OF INSPECTION 11:00:02		
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.					
☑ DIAGNOSTIC RECORD					
DATE AND TIME 08/31/2021 11:00:04					
☑ PROGRAM		FILTER 1			
☑ SAMPLE CHAMBER 48.7°C		FILTER 2			
☑ BREATH TUBE 45.9°C	Ø	FILTER 3			
□ PUMP	X	INTERNAL STANDAR	RD		
BREATH ANALYZER ACCURACY STANDARD)S				
☐ SIMULATOR STANDARD		COMPRESSED ETH	ANOL-GAS MIXTURE		
	LOT#_AG	004403	EXP. DATE <u>02/13</u>	3/2022	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SI	M. 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: 0.099	TEST 2: 0.099		TEST 3: 0.099		
□ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWING R	ANGES SINCE THE	LAST MAINTENANCE	REPORT:	
)14: 4	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) meets DHSS standards					
INSPECTING OFFICER					
SIGNATURE		INT FULL NAME BRANDON S PEAR	SON		
TYPE II PERMIT NUMBER 210179	EXPIRATION DATE 08/12/2023	15 TELEPHONE NUMBE 660-385-21			
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: 17-Feb-2020

Lot # AG004403 Model 108cacd

Exp. Date

Cyl. Type

Component

Certified Concentration

13-Feb-2022

108

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

Balance

Certification Traceable to N.I.S.T. RGM and to CRM Ethanoi 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

BRANDON PEARSON

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.

577.525 tillough 677.571, Hollie and 555.771 tillough 555.775	Lama & Nay
DATE8/12/2021	Faira 4 Nay
DAIL WILLIAM	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 210179	Children of the second
EXPIRES 8/12/2023	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

