

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 mon Complete this report whenever the instrument is se Retain the original and send a copy within 15 days | erviced or repaired and | whenever it is place | | | | |
|--|---|-------------------------------------|--------------------------------|--|--|--|
| INTOX DMT SN S00169 NAME OF AGENCY Missouri State Highway Patrol | | | 06/03/2021 | | | |
| LOCATION OF INSTRUMENT (STREET AND CITY) Brookfield PD, 116 W. Brooks, Brookfield | | | TIME OF INSPECTION 19:43:29 | | | |
| CHECKLIST: Place a mark in the box by each itervalues where determined). Unmarked items must l | m if found to be satisfac be corrected before usir | tory or is operating ng instrument. | within established limits. (| Write in observed | | |
| ☑ DIAGNOSTIC RECORD | | | | | | |
| DATE AND TIME <u>06/03/2021 19:43:31</u> | DATE AND TIME <u>06/03/2021 19:43:31</u> ☑ DETECTOR | | | | | |
| ☑ PROGRAM | Σ | FILTER 1 | | | | |
| ☑ SAMPLE CHAMBER 48.7°C | \ | FILTER 2 | | | | |
| ☑ BREATH TUBE 43.4°C | Σ | FILTER 3 | | | | |
| ☑ PUMP | ☑ PUMP ☑ INTERNAL STANDARD | | | | | |
| BREATH ANALYZER ACCURACY STANDARD | OS | | | The state of the s | | |
| ☐ SIMULATOR STANDARD | Σ | COMPRESSED | ETHANOL-GAS MIXTUR | RE | | |
| ☐ STANDARD SUPPLIER INTOXIMETERS | LOT# | AG011501 | EXP. DATE 0 | 04/24/2022 | | |
| ☐ SIMULATOR TEMP (34°C ± 0.2°C) | SIM. SN_ | | SIM. 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: 0.097 | TEST 2: 0.097 | | TEST 3: 0.097 | | | |
| ☑ PERFORM R.F.I. TEST | | | | | | |
| INDICATE THE NUMBER OF BREATH TESTS | IN THE FOLLOWING | RANGES SINCE | THE LAST MAINTENA | NCE REPORT: | | |
| REFUSALS: 0 004: 2 | 0509: 1 | .1014: 1 | .1519: 1 | OVER .19: 0 | | |
| LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIF ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) | ICATION THAT WAS MADE TO RI | ESTORE THE INSTRUMEN | IT TO OPERATE SATISFACTORILY A | ND WITHIN | | |
| INSPECTING OFFICER | | | | | | |
| SIGNATURE | | PRINT FULL NAME LEE C EWIGM | AN | | | |
| TYPE II PERMIT NUMBER 200089 | EXPIRATION DATE 02/18/2022 | TELEPHONE 660-38 | | | | |
| 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: 28-Apr-2020

Lot # AG011501 Model 108cacd

Exp. Date

Cyl. Type

Component

Certified Concentration

24-Apr-2022

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

Balance

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

| RGM Serial No. | <u>Concentration</u> | 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

itally signed by Quality Control le: 2020.04.28 18:14:39 -05:00 ason: Dry gas standard certification of analysis ation: 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

LEE C EWIGMAN

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.

| DATE2/18/20 | 2/18/2020 | when |
|-------------------|-----------|--|
| | | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY |
| NUMBER | 200089 | |
| EXPIRES 2/18/2022 | Lef Ulle | |
| | | DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES |

MO 580-0771 (6-10)

LAB-4 (R6-10)



The named cardholder is authonzed to operate an evidential breath alconol instrument for the determination of the alcoholic content in breath form of expired al in Missouri.

Operator EWIGMAN, LEE

Permit No 200089

