By Tracy Crews at 10:54 am, Feb 22, 2021



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

INTOX DMT MAINTENANC	E 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	whenever it is placed in	eed 35 days). to service.	
NAME OF AGENCY 500177 Missouri State Highway Patrol			DATE OF INSPECTION 02/13/2021	
LOCATION OF INSTRUMENT (STREET AND CITY) Waynesville P.D., 601 Historic 66, Waynes		TIME OF INSPECTION 07:59:20		
CHECKLIST: Place a mark in the box by each it values where determined). Unmarked items mus	em if found to be satisfac	tory or is operating with	in established limits. (Write	e in observed
☑ DIAGNOSTIC RECORD	t pe corrected perone deli	ig modument.		
DATE AND TIME 02/13/2021 07:59:23	_	DETECTOR		
☑ PROGRAM		FILTER 1		
☑ SAMPLE CHAMBER 48.8°C	☑ FILTER 2			
☑ BREATH TUBE 46.7°C	C	☑ FILTER 3		
☑ PUMP	C	INTERNAL STAND	ARD	
BREATH ANALYZER ACCURACY STANDAR				
☐ SIMULATOR STANDARD		COMPRESSED ET	HANOL-GAS MIXTURE	
☐ STANDARD SUPPLIER INTOXIMETERS	SLOT#_	AG011501	EXP. DATE <u>04/2</u>	4/2022
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE	
 CALIBRATION CHECK - (ONLY ONE STAND RUN three tests using a standard. All three tests 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 us BETWEEN 0.095% ANI BETWEEN 0.076% ANI	sed. 0 0.105% INCLUSIVE 0 0.084% INCLUSIVE	id must have a spread	
TEST 1: 0.099	TEST 2: 0.099		TEST 3: 0.099	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TEST	TS IN THE FOLLOWING	S RANGES SINCE TI	HE LAST MAINTENANC	E REPORT:
REFUSALS: 1 004: 0	.0509: 2	.1014: 5	.1519: 2	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MOI ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	DIFICATION THAT WAS MADE TO F	RESTORE THE INSTRUMENT TO	OPERATE SATISFACTORILY AND V	VITHIN
	THE ENTIRE WAS TO	AND THE ST	e (2.5%)	
INSPECTING OFFICER SIGNATURE		PRINT FULL NAME		1500, 15111
TYPE II PERMIT NUMBER O WELL	EXPIRATION DATE	GREG A WEDDL	MBER	
200135	03/09/2022	573-368-		
	Breath Alcohol Program,	Missouri Department of	of Health and Senior Service	ces



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 24-Apr-2022

Cyl. Type 108

Component Ethanol Nitrogen

<u>Certified Concentration</u> 0.100 ± 2% BrAC (260 ppm)

> Concentration 393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm

Balance

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

EB0010581 39 EB0010570 25 EB0010285 20 EB0010561 10	Incentration RGM Serial No. 2.1 ppm EB0010603 9.8 ppm EB0010559 8.0 ppm EB0010595 3.6 ppm EB0010562 .12 ppm EB0010579
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CC434668 8	Concentration	CRM Serial No.	Concentration
	800.0 ppm	0056649	390.1 ppm
	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control Date: 2020.04.28 18:14:39 -05:00 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

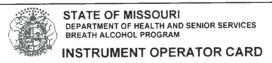
GREG A WEDDLE

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 3/9/2020DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 200135 EXPIRES 3/9/2022_ 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 ai in Missoun

WEDDLE, GREG

Permit No 200135

Date Expires 3/9/2022 Date Issued 3/9/2020

