By Tracy Crews at 8:56 am, Jun 03, 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 m	anthly proventive mainten	anaa ahaak (na	at to evened 25 days)	
Complete this report at the time of the regular m Complete this report whenever the instrument is				
Retain the original and send a copy within 15 da	ays to the Breath Alcohol I	Program, DHSS	3.	
INTOX DMT SN S00178 NAME OF AGENCY Missouri State Highway Patrol			05/31/2021	
LOCATION OF INSTRUMENT (STREET AND CITY) 201 E. North St., California, MO			11:48:42	ON
CHECKLIST: Place a mark in the box by each values where determined). Unmarked items mu	item if found to be satisfacts to be corrected before usi	ctory or is opera	iting within established lin	mits. (Write in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME 05/31/2021 11:48:45	<u> </u>	DETECTOR	2	
☑ PROGRAM	1	☑ FILTER 1		
SAMPLE CHAMBER 48.8°C ■		FILTER 2		
☑ BREATH TUBE_48.1°C	. 1	FILTER 3		
☑ PUMP	1	INTERNAL	STANDARD	
BREATH ANALYZER ACCURACY STANDA	RDS			
☐ SIMULATOR STANDARD	1	COMPRES	SED ETHANOL-GAS M	IIXTURE
STANDARD SUPPLIER INTOXIMETER	RS LOT#_	AG931605	EXP. DA	TE_11/12/2021
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP	DATE
□ CALIBRATION CHECK - (ONLY ONE STRUM three tests using a standard. All three of .005 or less. Mark the box correspondin □ 0.10% STANDARD - MUST READ □ 0.08% STANDARD - MUST READ □ 0.04% STANDARD - MUST READ	g to the standard being us BETWEEN 0.095% AND BETWEEN 0.076% AND	ed. 0 0.105% INCL 0 0.084% INCL	USIVE USIVE	spread
TEST 1: 0.097	TEST 2: 0.097		TEST 3: 0.09	96
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TES	TS IN THE FOLLOWING	RANGES SI	NCE THE LAST MAIN	TENANCE REPORT
REFUSALS: 0 004: 0	.0509: 1	.1014: 1	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MO	A SECTION OF THE SECT	EST-000000000 100		
ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)				
INSPECTING OFFICER				
SIGNATURE S SIANO		PRINT FULL NAME SPENCER	D SEADS	
TYPE II PERMIT NUMBER 210075	EXPIRATION DATE 04/06/2023	TELEP	HONE NUMBER 3-751-1000	
PETLIPN COMPLETED REPORT TO THE		ASS 0.12	0.000	in Control
MO 580 2808 (5.40)	Breath Alcohol Program, by mail, fax, or email	wissouri Depar	illient of Health and Sen	lior 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: 12-Nov-2019

Lot # AG931605 Model 108cacd

Exp. Date 12-Nov-2021 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	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

Digitally signed by Quality Control Date: 2019.11.13 10:27:30 -06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Pod Marcala

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

SPENCER SEARS

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

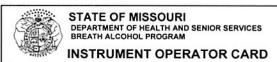
INTOX DMT

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.

0.7.020	indugit of 7.0 m, Howe and occ. The	nough obc. Ho Howo.
DATE	4/6/2021	when
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	210075	
EXPIRES	4/6/2023	for Ullen
		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 Missouri.

Operator SEARS, SPENCER

Permit No 210075

Date Issued 4/6/2021 Date Expires 4/6/2023

