## RECEIVED

By Tracy Crews at 11:06 am, Feb 11, 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 monthly Complete this report whenever the instrument is servine Retain the original and send a copy within 15 days to	iced or repaired and whe	never it is placed into		
INTOX DMT SN NAME OF AGENCY NEVADA POLICI	E DEPARTMENT		02/09/2021	
LOCATION OF INSTRUMENT (STREET AND CITY) 120 SOUTH ASH ST, NEVADA, MO 64772			TIME OF INSPECTION 15;52;36	
CHECKLIST: Place a mark in the box by each item if values where determined). Unmarked items must be determined.	f found to be satisfactory corrected before using in	or is operating withir strument.	n established limits. (Write	in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>02/09/2021 15:52:38</u>	⊠ D	ETECTOR		
☑ PROGRAM	⊠ F	ILTER 1		
☑ SAMPLE CHAMBER 48,8°C	⊠ F	ILTER 2		
☑ BREATH TUBE 43.3°C	⊠F	ILTER 3		
<b>⊠</b> PUMP	41 🗵	ITERNAL STANDAI	RD	to the t
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD	⊠ c	OMPRESSED ETH	ANOL-GAS MIXTURE	
STANDARD SUPPLIER INTOXIMETERS	LOT#_ <u>AG0</u>	112501	EXP. DATE <u>05/04</u>	/2022
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SI	M. NIST EXP DATE	
☐ CALIBRATION CHECK - (ONLY ONE STANDAR Run three tests using a standard. All three tests mof .005 or less. Mark the box corresponding to the 0.10% STANDARD - MUST READ BETVER     ☐ 0.08% STANDARD - MUST READ BETVE	ne standard being used. WEEN 0.095% AND 0.10 WEEN 0.076% AND 0.00	05% INCLUSIVE 84% INCLUSIVE	muot nave a oprega	
TEST 1: 0.079 TES	ST 2: 0,080		TEST 3: 0.080	
PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWING RA	NGES SINCE THE	LAST MAINTENANCE	REPORT:
REFUSALS: 0 004: 0 .05	.09: 0 .10	.14: 0	.1519: 1	OVER .19: 1
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATI ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ION THAT WAS MADE TO RESTOR	RE THE INSTRUMENT TO OF	PERATE SATISFACTORILY AND WI	THIN
Feb Maint				
INSPECTING OFFICER				
SIGNATURE		FULL NAME OSHUA R MULLIN		
TYPE II PERMIT NUMBER 290055	EXPIRATION DATE 03/01/2021	TELEPHONE NUMBE 417-448-510		
RETURN COMPLETED REPORT TO THE Breath by mai	n Alcohol Program, Misso il, fax, or email	puri Department of H	ealth and Senior Services	3



## 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: 6-May-2020

Lot # AG012501 Model 108cacd

Exp. Date 4-May-2022 Cyl. Type

Component

**Certified Concentration** 

108

Ethanol Nitrogen 0.080 ± 0.002 BrAC (208 ppm)

Balance

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

RGM Serial No.	<u>Concentration</u>	RGM Serial No.	<b>Concentration</b>
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
		Charles and Charles	
CRM Serial No.	<u>Concentration</u>	CRM Serial No.	<b>Concentration</b>
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: 2020,05,06 20:17:55 -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

)