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By Tracy Crews at 10:47 am, May 12, 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 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				
				DATE OF INSPECTION 05/12/2021		
LOCATION OF INSTRUMENT (STREET AND CITY) 120 SOUTH ASH ST, NEVADA, MO 64772			TIME OF INSPECTION 03:08:53			
CHECKLIST: Place a mark in the box by each it values where determined). Unmarked items must	em if found to be satisfact to be corrected before using the corrected befo	tory or is operating v	vithin established limits. (\	Write in observed		
☑ DIAGNOSTIC RECORD						
DATE AND TIME <u>05/12/2021 03:08:54</u>	_	DETECTOR				
☑ PROGRAM	Σ	FILTER 1				
☑ SAMPLE CHAMBER 48.7°C	Σ	FILTER 2				
☑ BREATH TUBE 44.7°C	Σ	I FILTER 3				
X PUMP	☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDAR	RDS					
☐ SIMULATOR STANDARD	2	COMPRESSED E	ETHANOL-GAS MIXTUR	₹E		
☑ STANDARD SUPPLIER INTOXIMETERS	<u>S</u> LOT#_/	AG012501	EXP. DATE <u>0</u>	5/04/2022		
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN_		SIM. NIST EXP DATE			
☐ CALIBRATION CHECK - (ONLY ONE STAR Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding ☐ 0.10% STANDARD - MUST READ II ☐ 0.08% STANDARD - MUST READ II	to the standard being use BETWEEN 0.095% AND BETWEEN 0.076% AND	ed. 0.105% INCLUSIVE 0.084% INCLUSIVE	<u> </u>			
TEST 1: 0.080	TEST 2: 0.079		TEST 3: 0.080			
☑ PERFORM R.F.I. TEST	<u></u>					
INDICATE THE NUMBER OF BREATH TEST	S IN THE FOLLOWING	RANGES SINCE	THE LAST MAINTENAI	NCE REPORT:		
REFUSALS: 0 004: 0	.0509: 1	.1014: 1	.1519: 0	OVER .19; 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODI ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) May Maint.	FICATION THAT WAS MADE TO RE	STORE THE INSTRUMENT	TO OPERATE SATISFACTORILY AI	ND WITHIN		
INSPECTING OFFICER SIGNATURE		PRINT FULL NAME JOSHUA R MUL	LIN			
TYPE II PERMIT NOMBER 210027	EXPIRATION DATE 02/20/2023	TELEPHONE NU 417-448-				
RETURN COMPLETED REPORT TO THE BI	reath Alcohol Program, M y mail, fax, or email	lissouri Department	of Health and Senior Ser	vices		



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.	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
		Charles and Charles	
CRM Serial No.	<u>Concentration</u>	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: 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

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