RECEIVED

By Tracy Crews at 10:55 am, Jun 14, 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 regu whenever the instrume ad send a copy within 1	ent is serviced or re	paired and v	vhenever it is	placed into					
INTOX DMT SN 500192							DATE OF INSPECTION 06/13/2021			
LOCATION OF INSTRUMENT (STREET AND CITY) 120 SOUTH ASH ST, NEVADA, MO 64772						TIME OF INSPECTION 01:25:41				
CHECKLIST: Place values where determ	a mark in the box by e ined). Unmarked items	ach item if found to must be corrected	be satisfact	ory or is oper	rating within	established limits	s. (Write in obser	rved		
☑ DIAGNOSTIC R					-					
DATE AND TIMI	E_06/13/2021 01:25	5:43	X] DETECTO)R			···		
☑ PROGRAM					☑ FILTER 1					
☑ SAMPLE CH	HAMBER 48.7°C			FILTER 2						
☑ BREATH TU	BE_ 45.7°C] FILTER 3						
☑ PUMP			×] INTERNAL	_ STANDAF	RD				
BREATH ANALYZE	R ACCURACY STAN	IDARDS								
SIMULATOR	☐ SIMULATOR STANDARD									
☑ STANDARD SUF	PPLIER INTOXIMET	ERS	LOT#_A	G012501		EXP. DATE	05/04/2022			
☐ SIMULATOR TE	MP (34°C ± 0.2°C)	.,	SIM, SN_		SII	M. NIST EXP DA	TE			
of .005 or less. № □ 0.10% S ☑ 0.08% S	HECK - (ONLY ONE Ising a standard. All thi Mark the box correspor TANDARD - MUST RI TANDARD - MUST RI	nding to the standa EAD BETWEEN 0 EAD BETWEEN 0	rd being use .095% AND .076% AND	d. 0.105% INCI 0.084% INCI	LUSIVE LUSIVE	must have a sprea	ad			
TEST 1: 0.080		TEST 2: 0.079				TEST 3: 0.080				
☑ PERFORM R.F.I.	TEST				<u></u>					
INDICATE THE NUI	MBER OF BREATH 1	ESTS IN THE FO	DLLOWING	RANGES S	INCE THE	LAST MAINTEN	IANCE REPOR	 ₹T:		
REFUSALS: 0	004: 16	.0509: 2		1014: 0		.15-,19: 0	OVER .1	 19: 0		
LIST ANY NEW PARTS AND E ESTABLISHED LIMITS (USE C	DESCRIBE ANY ALTERATION OF THER SIDE IF NECESSARY)	R MODIFICATION THAT W	AS MADE TO RE	STORE THE INST	RUMENT TO OP	ERATE SATISFACTORIL				
June Maint										
INSPECTING OFFIC	CER									
SIGNATURE	D		P	RINT FULL NAME JOSHUA F						
TYPE II PERMIT NUMBER 210027		EXPIRATI	ON DATE 0/2023		HONE NUMBER					
	ED REPORT TO TH		Program, Mi		7-448-510 	ealth and Senior S	- Services			
MO 580-2898 (5-19)		AN EQUAL OPP	ORTUNITY/AFFIR	MATIVE ACTION E	MPLOYER			LAD 166		



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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