

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 mont Complete this report whenever the instrument is se Retain the original and send a copy within 15 days	rviced or repaired and v	vhenever it is pla			
INTOX DMT SN NAME OF AGENCY SIKESTON DPS			04/23/2021		
LOCATION OF INSTRUMENT (STREET AND CITY) 201 S. KINGSHIGHWAY SIKESTON, MO 63801			TIME OF INSPECTION 06:24:38		
CHECKLIST: Place a mark in the box by each iten values where determined). Unmarked items must be	n if found to be satisfact	ory or is operating instrument.	g within established limits.	(Write in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME <u>04/23/2021 06:24:40</u> ☑ DETECTOR					
☑ PROGRAM ☑ FILTER 1					
☐ SAMPLE CHAMBER 48.7°C ☐ FILTER 2					
☑ BREATH TUBE 48.1°C ☑ FILTER 3					
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDARD	S				
☐ SIMULATOR STANDARD		COMPRESSE	D ETHANOL-GAS MIXTU	JRE	
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#_ <i>F</i>	AG011305	EXP. DATE_	04/22/2022	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN_		SIM. NIST EXP DAT	E	
 □ CALIBRATION CHECK - (ONLY ONE STAN Run three tests using a standard. All three test of .005 or less. Mark the box corresponding to 0.10% STANDARD - MUST READ BE □ 0.08% STANDARD - MUST READ BE □ 0.04% STANDARD - MUST READ BE 	o the standard being use ETWEEN 0.095% AND ETWEEN 0.076% AND	ed. 0.105% INCLUS 0.084% INCLUS	SIVE	ad	
TEST 1: 0.102	EST 2: 0.102		TEST 3: 0.102		
PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
	0509: 0	.1014: 1	.1519: 1	OVER .19: 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	CATION THAT WAS MADE TO RE	ESTORE THE INSTRUM	ENT TO OPERATE SATISFACTORILY	Y AND WITHIN	
INSPECTING OFFICER		PRINT FULL NAME			
TYPE II PERMIT NUMBER EXPIRATION DATE		DANIEL JOHNSON TELEPHONE NUMBER			
200270	10/14/2022		171-4711		
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email					



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph; (314) 533-3100 Fex: (314) 533-7328

Certificate of Analysis

<u>Customer Name</u> Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 23-Apr-2020

Lot # AG011305 Model 108cacd

Exp. Date 22-Apr-2022

Cyl. Type

<u>Component</u> Ethanol

Nitrogen

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Balance

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

 RGM Serial No.
 Concentration

 EB0010581
 392.1 ppm

 EB0010570
 259.8 ppm

 EB0010285
 208.0 ppm

 EB0010561
 103.6 ppm

 EB0010681
 52.12 ppm

 RGM Serial No.
 Concentration

 EB0010603
 393.0 ppm

 EB0010559
 258.2 ppm

 EB0010595
 208.3 ppm

 EB0010562
 104.2 ppm

 EB0010579
 52.81 ppm

CRM Serial No. CC434668 CC234503

Concentration 800.0 ppm 253.0 ppm CRM Serial No. 0056649 0056662 Concentration 390.1 ppm 150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2020.04.24 14:59:04-05:00 Reason: Dry gas standard certification of analysis Location: Airges 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

DANIEL E JOHNSON

is hereby authorized to instruct and supervise operators, train and operate the following breath analyzer(s):	n instructors, inspect, calibrate, perform field service and repairs			
INTOX DMT				
for the determination of the alcoholic content of blood from a se 577.020 through 577.041, RSMo and 306.111 through 306.11	ample of expired air. Permit issued under the provisions of sections 9 RSMo.			
DATE10/14/2020	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 200270	<u>.</u>			
EXPIRES 10/14/2022	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES			



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

INSTRUMENT OPERATOR CARD

The named carcholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired a

Operator JOHNSON, DANIEL
Permit No 200270
Date leaved 10/14/2020 Date Expires 10/14/2022

