RECEIVED

By Tracy Crews at 7:50 am, Nov 30, 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 service Retain the original and send a copy within 15 days to	ced or repaired and whenever it is pla	o exceed 35 days). ced into service.		
INTOX DMT SN NAME OF AGENCY Lake Ozark Polic	DATE OF INSPECTION 11/26/2021			
LOCATION OF INSTRUMENT (STREET AND CITY) 3162 Bagnell Dam Boulevard, Lake Ozark		TIME OF INSPECTION 19:57:46		
CHECKLIST: Place a mark in the box by each item if values where determined). Unmarked items must be of	found to be satisfactory or is operatin corrected before using instrument.	g within established limits. (V	Vrite in observed	
☑ DIAGNOSTIC RECORD				
DATE AND TIME 11/26/2021 19:57:48	□ DETECTOR	:4		
☑ PROGRAM	☑ FILTER 1	FILTER 1		
SAMPLE CHAMBER 48.9°C ☐ FILTER 2				
☑ BREATH TUBE 43.8°C ☑ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE			E	
☐ STANDARD SUPPLIER INTOXIMETERS	LOT# <u>AG019502</u>	EXP. DATE 0	7/13/2022	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DATE		
 ☑ CALIBRATION CHECK - (ONLY ONE STANDAR Run three tests using a standard. All three tests m of .005 or less. Mark the box corresponding to th ☑ 0.10% STANDARD - MUST READ BETV ☐ 0.08% STANDARD - MUST READ BETV ☐ 0.04% STANDARD - MUST READ BETV 	e standard being used. WEEN 0.095% AND 0.105% INCLUS WEEN 0.076% AND 0.084% INCLUS	SIVE		
TEST 1: 0.102 TES	ST 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:				
REFUSALS: 0 004: 0 .05	.09: 0 .1014: 2	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATI ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ON THAT WAS MADE TO RESTORE THE INSTRUM	ENT TO OPERATE SATISFACTORILY AN	ND WITHIN	
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER 210078		ER NE NUMBER 146-2243		
RETURN COMPLETED REPORT TO THE Breath	n Alcohol Program, Missouri Departm il, fax, or email		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: 15-Jul-2020

Lot # AG019502 Model 108cacd

Exp. Date

Cyl. Type

Component

Certified Concentration

13-Jul-2022

108

Ethanol Nitrogen

0.100 ± 2% BrAC (260 ppm)

Balance

RGM Serial No.

EB0010603

EB0010559

EB0010595

EB0010562

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

RGM Serial No. EB0010581

Concentration

392.1 ppm

259.8 ppm

208.0 ppm

EB0010285 EB0010561 EB0010681

EB0010570

103.6 ppm

52.12 ppm

EB0010579

0056649

Concentration 390.1 ppm

CC434668 CC234503

CRM Serial No.

800.0 ppm

Concentration

253.0 ppm

CRM Serial No.

0056662

150.2 ppm

Concentration

393.0 ppm

258.2 ppm

208.3 ppm

104.2 ppm

52.81 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2020.07.15 14:50:01 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

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

AARON BAKER

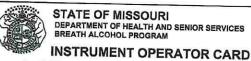
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

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.

DATE4/20/2021	want	
NUMBER 210078	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY	
EXPIRES 4/20/2023	El Ville	
MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES	

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 al

Operator BAKER, AARON Permit No 210078

Date Issued 4/20/2021 Date Expires 4/20/2023

