

By Tracy Crews at 2:34 pm, Dec 01, 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 mon Complete this report whenever the instrument is se Retain the original and send a copy within 15 days	erviced or repaired and whenev	er it is placed into service.		
NAME OF AGENCY Potosi Police I	 Department	DATE OF INSPECTION 12/01/2021	N	
One Police Plaza Potosi, MO 63664		TIME OF INSPECTION 06:15:52	·	
CHECKLIST: Place a mark in the box by each iter values where determined). Unmarked items must be	n if found to be satisfactory or i	s operating within established lim	its. (Write in observed	
☑ DIAGNOSTIC RECORD	se contested before doing matri	ment.		
DATE AND TIME 12/01/2021 06:15:55	☑ DETI	ECTOR		
☑ PROGRAM		 ≣R 1		
☑ SAMPLE CHAMBER 48.7°C	🖾 FILTI	ER 2		
☐ BREATH TUBE 48.1°C	☑ FILTI	ER 3		
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARD	S			
☐ SIMULATOR STANDARD	☑ COM	PRESSED ETHANOL-GAS MIX	TURE	
STANDARD SUPPLIER INTOXIMETER	LOT#_AG031	EXP. DATE	E_11/10/2022	
SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP D.		
 □ CALIBRATION CHECK - (ONLY ONE STAN Run three tests using a standard. All three tests 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 used. ETWEEN 0.095% AND 0.105% ETWEEN 0.076% AND 0.084%	6 INCLUSIVE 6 INCLUSIVE	lodd	
TEST 1: 0.100	EST 2: 0.099	TEST 3: 0.100		
☑ PERFORM R.F.I. TEST		<u></u>		
INDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWING RANG	ES SINCE THE LAST MAINTE	ENANCE REPORT:	
REFUSALS: 0 004: 0	0509: 1 .1014:	0 .1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) INSPECTING OFFICER SIGNATURE	PRINT FUL		RILY AND WITHIN	
TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER		
210033 RETURN COMPLETED REPORT TO THE Dec	02/23/2023	573-438-5426		
The state of the s	eath Alcohol Program, Missouri mail, fax, or email	Department of Health and Senio	r Services	



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: 16-Nov-2020

Lot # AG031504 Model 108cacd

Exp. Date

Cyl. Type

Component

Certified Concentration

10-Nov-2022

Ethanol

0.100 ± 2% BrAC (260 ppm)

150.0 ppm

Nitrogen

CC727498

Balance

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

RGM Serial No.	Concentration	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
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm		
00707400	ooolo ppiii	CC727493	390.0 ppm

Analytical Method:

CC727496

NDIR

253.0 ppm

Digitally signed by Quality Control Date: 2020.11.17 16:06:19 -06:00 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

MATTHEW SKAGGS

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

and soc. III	modgii 500.119 Malvio.
DATE 2/23/2021	Ms h
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 210033	
EXPIRES 2/23/2023	The state of the s
MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB 4 (FIG-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 air in Missouri.

Operator SKAGGS, MATTHEW

Permit No 210033

Date Issued 2/23/2021 Date Expires 2/23/2023

