

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

INTOX DMT MAINTENANCE REPORT

REPORT #1

	MINTENANCE KI				
Complete this report at the time Complete this report whenever t Retain the original and send a co	he instrument is service	ed or repaired and	d whenever it is place	ed into service.	
TOX OMT SN NAME OF AGENCY Desloge P.D.				02/03/2021	
LOCATION OF INSTRUMENT (STREET AND CITY) 1000 N. Desloge Dr., Desloge, MO				TIME OF INSPECTION 22:21:25	
CHECKLIST: Place a mark in the values where determined). Unm	he how by each item if f	ound to be satisfa	actory or is operating	within established limits. (Write in observed
DIAGNOSTIC RECORD	arked terris most be es				
DATE AND TIME 02/03/2	2021 22:21:27		☑ DETECTOR		
☑ PROGRAM			☑ FILTER 1		
SAMPLE CHAMBER 4	48.7°C		☑ FILTER 2		
☑ BREATH TUBE 42.9°			☑ FILTER 3		
☑ PUMP			☑ INTERNAL STANDARD		
BREATH ANALYZER ACCUR	RACY STANDARDS				
☐ SIMULATOR STANDARD			COMPRESSED ETHANOL-GAS MIXTURE		
STANDARD SUPPLIER IN	NTOXIMETERS	LOT#	AG005803	EXP. DATE_0	02/27/2022
☐ SIMULATOR TEMP (34°C :	± 0,2°C)	SIM. SN		SIM. NIST EXP DATE	
□ 0.10% STANDARD□ 0.08% STANDARD□ 0.04% STANDARD	O - MUST READ BETW	/EEN 0,076% AN	ID 0.084% INCLUSI	VE	
TEST 1: 0.101 TEST 2: 0.099				TEST 3: 0.103	
PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF	BREATH TESTS IN	THE FOLLOWIN	IG RANGES SINCE	THE LAST MAINTENA	NCE REPORT:
REFUSALS: 0 004: 0			.1014: 0	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ESTABLISHED LIMITS (USE OTHER SIDE IF	' ALTERATION OR MODIFICATION PECESSARY)	IN THAT WAS MADE TO	RESTORE THE INSTRUMEN	NTTO OPERATE SATISFACTORILY	AND WITHIN
INSPECTING OFFICER			PRINT FULL NAME LORALEE D B	ADER	
TYPE II PERMIT NUMBER 200110		03/03/2022	TELEPHONE		
RETURN COMPLETED REPO	Dieatti	Alcohol Program , fax, or email	, Missouri Departme	ent of Health and Senior S	ervices



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

2-Mar-2020 Test Date:

Lot # AG005803 Model 108cacd

Exp. Date 27-Feb-2022 Cyl. Type 108

Component 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. EB0010581

EB0010570 EB0010285 EB0010561

EB0010681 CRM Serial No.

CC434668 CC234503

Concentration 392.1 ppm

259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm

Concentration 800.0 ppm

253.0 ppm

RGM Serial No. EB0010603 EB0010559 EB0010595

EB0010562 EB0010579

CRM Serial No. 0056649 0056662

Concentration 393.0 ppm 258.2 ppm 208.3 ppm

104.2 ppm 52.81 ppm

Concentration 390.1 ppm 150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2020.03.02 10:29:26-06:00 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



DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

PERMIT TYPE II

LORALEE BADER

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

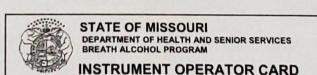
INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of section 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE3/3/2020	win
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 200110	
EXPIRES 3/3/2022	fly ville
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-

MD 580-0771 (6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired ali in Missouri.

Operator BADER, LORALEE Permit No 200110

Date Issued 3/3/2020 Date Expires 3/3/2022

