By Tracy Crews at 7:31 am, Dec 06, 2021

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

INTOX DMT MAINTENANCE REPORT

REPORT #1

INTOX DIVIT MAINTENANCE	REPORT			REI ORI #1		
Complete this report at the time of the regular mor Complete this report whenever the instrument is s Retain the original and send a copy within 15 days	erviced or repaired and when	ever it is placed into				
INTOX DMT SN NAME OF AGENCY S00553 Marble Hill PE)	[DATE OF INSPECTION 12/04/2021	11.341111111		
LOCATION OF INSTRUMENT (STREET AND CITY) 305 1st St. Marble Hill Mo, 63764	TANKE THE TREE TREE TREE TREE TREE TREE TREE	1	11ME OF INSPECTION 08:28:18			
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.,						
☑ DIAGNOSTIC RECORD						
DATE AND TIME 12/04/2021 08:28:20 · ☑ DETECTOR						
☑ PROGRAM	⊠ FI	LTER 1				
☑ SAMPLE CHAMBER 48.7°C	SAMPLE CHAMBER 48.7°C					
☑ BREATH TUBE 47.4°C ☑ FILTER 3						
☑ PUMP ☑ INTERNAL STANDARD						
BREATH ANALYZER ACCURACY STANDARD	DS .					
☐ SIMULATOR STANDARD	☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE					
STANDARD SUPPLIER INTOXIMETERS	LOT#_AG0	26606	EXP. DATE11/22	/2022		
SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIASIA	M. NIST EXP DATE	110-1111-11111-		
 \[
TEST 1: 0.098	TEST 2: 0.097		TEST 3: 0.097			
☑ PERFORM R.F.I. TEST	1.catoomus)					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS: 0 004: 1	.05-,09; 0	.14: 0	.1519: 0	OVER .19: 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIF ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	CATION THAT WAS MADE TO RESTOR	RE THE INSTRUMENT TO OP	ERATE SATISFACTORILY AND WI	THIN		
Maint, Test Dec. 2021						
INSPECTING OFFICER	- J.H.W			**		
SIGNATURE And Adding	JE	RRY L GILLIAM		W-1884		
TYPE II PERMIT SUYDIG 210062	04/06/2023	TELEPHONE NUMBE	R	Harris Carre		
	reath Alcohol Program, Misso / mail, fax, or email	ouri Department of H	ealth and Senior Service	5		



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: 23-Sep-2020

Lot # AG026606 Model 108cacd

Exp. Date 22-Sep-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.	Concentration	RGM Serial No.	<u>Concentration</u>
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
		255522 SV (WWW)	525 W 000

CRM Serial No. CC434668 CC234503 Concentration 800.0 ppm 253.0 ppm CRM Serial No. 0056649 0056662 Goncentration 390.1 ppm 150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date; 2020.08.23 16:38:18 -05:00 Resson: Dry gas standard cortification of enalysis Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

ISO 17025:2005 A2LA accredited. Gertificate 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

JERRY GILLIAM

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.

DATE 4/6/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

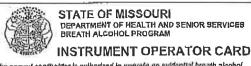
NUMBER 210062

EXPIRES 4/6/2023

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

I AH-4 (H6:10)



The named cardholder is suihorized to uparate an evidential breath alcohol Inshument for the determination of the alcoholic content in breath form of expired at In Missouri,

Operator GILLIAM, JERRY

Permit No 21006

Date |ssued 4/6/2021 Date Expires 4/6/2023

