

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

#### INTOX DMT MAINTENANCE REPORT

REPORT #1

THE TOX DIVIT WATER ENAME	E KEPOK I			REPORT
Complete this report at the time of the regular mo Complete this report whenever the instrument is Retain the original and send a copy within 15 day	serviced or repaired and	whenever it is placed i	ceed 35 days). nto service.	
	Missouri State Highway Patrol			
LOCATION OF INSTRUMENT (STREET AND CITY) 2501 W Mechanic St., Harrisonville			TIME OF INSPECTION 12:03:58	
CHECKLIST: Place a mark in the box by each it values where determined). Unmarked items must	em if found to be satisfact t be corrected before using	tory or is operating wit	hin established limits. (Writ	te in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME 10/02/2022 12:04:01	_	DETECTOR		
☑ PROGRAM	5	FILTER 1		
☑ SAMPLE CHAMBER 48.9°C		FILTER 2		
☑ BREATH TUBE 42.7°C	Б	FILTER 3		
☑ PUMP	<b>D</b>	INTERNAL STAND	)ARD	
BREATH ANALYZER ACCURACY STANDAR	RDS			
☐ SIMULATOR STANDARD	Σ	COMPRESSED ET	THANOL-GAS MIXTURE	
	LOT#_/	AG125101	EXP. DATE <u>09/0</u>	8/2023
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN_		SIM. NIST EXP DATE	
□ CALIBRATION CHECK - (ONLY ONE STAR Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding     □ 0.10% STANDARD - MUST READ B     □ 0.08% STANDARD - MUST READ B     □ 0.04% STANDARD - MUST READ B	to the standard being us BETWEEN 0.095% AND BETWEEN 0.076% AND	ed. 0.105% INCLUSIVE 0.084% INCLUSIVE	• • • • • • • • • • • • • • • • • • • •	
TEST 1: 0.099	TEST 2: 0.099		TEST 3: 0.099	
PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TEST	S IN THE FOLLOWING	RANGES SINCE TI	HE LAST MAINTENANCI	E REPORT:
REFUSALS: 0 004: 0	.0509: <b>0</b>	.1014: 0	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODI ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	FICATION THAT WAS MADE TO RI	ESTORE THE INSTRUMENT TO	O OPERATE SATISFACTORILY AND V	VITHIN
INSPECTING OFFICER SIGNATURE  TRR Rybyen Halungar  TYPE II PERMIT NUMBER	Involution and	PRINT FULL NAME JAYSON R HAST	50 (CANONICA)	
200274	11/05/2022	TELEPHONE NUM	MBEK	
RETURN COMPLETED REPORT TO THE B	reath Alcohol Program, M y mail, fax, or email	/lissouri Department o	f Health and Senior Service	es



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: 8-Sep-2021

Lot # AG125101 Model 108

Exp Date

Cyl. Type

Component

**Certified Concentration** 

8-Sep-2023

108

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

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

Concentration **RGM Serial No.** EB0010603 393.0 ppm EB0010559 258.2 ppm EB0010595 208.3 ppm EB0010562 104.2 ppm EB0010579 52.81 ppm

CRM Serial No. CC434668

800.0 ppm

Concentration

CRM Serial No.

Concentration

CC234503

253.0 ppm

0056649 0056662 390.1 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:09.09.2021 14:28

Approved for Release:

Rod Marsala

ISO 17025:2017 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

## R. JAYSON HASTINGS

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 11/5/2020	want		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 200274			
EXPIRES 11/5/2022	for villa		
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		

MO 580-0771 (6-10)

LAB-4 (R6-10)

