RECEIVED

By Tracy Crews at 9:18 am, Jun 16, 2022



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 Complete this report when Retain the original and ser	ever the instrument is s	erviced or repaired a	ind wheneve	r it is placed into	ed 35 days). o service.	
INTOX DMT SN 500073	OX DMT SN NAME OF AGENCY				DATE OF INSPECTION 06/16/2022	
LOCATION OF INSTRUMENT (STREET AND CITY) Phelps County Jail, 500 W. 2nd Street, Rolla					07:05:56	
CHECKLIST: Place a ma values where determined).	rk in the box by each ite	m if found to be sati	sfactory or is	operating within	n established limits. (\	Write in observed
☑ DIAGNOSTIC RECO						
DATE AND TIME 06	6/16/2022 07:05:59		□ DETE	CTOR		
☑ PROGRAM				R 1		
SAMPLE CHAMB	ER 48.8°C			R 2		
☐ BREATH TUBE_4	48.1°C			R 3		
☑ PUMP				RNAL STANDA	RD	
BREATH ANALYZER AC	CCURACY STANDAR	DS				
☐ SIMULATOR STA	ANDARD			PRESSED ETH	IANOL-GAS MIXTUR	RE
☑ STANDARD SUPPLIE	R INTOXIMETERS	LOT	#_AG1020	02	EXP. DATE _0	01/20/2023
☐ SIMULATOR TEMP (3	34°C ± 0.2°C)	SIM. S	SN	s	IM. NIST EXP DATE	
	a standard. All tiffee les the box corresponding f DARD - MUST READ E DARD - MUST READ E	to the standard being BETWEEN 0.095% ABETWEEN 0.076% A	g used. AND 0.105% AND 0.084%	INCLUSIVE	Tillust llave a spread	
TEST 1: 0.098		TEST 2: 0.098			TEST 3: 0,098	
PERFORM R.F.I. TES	ST					
INDICATE THE NUMBE	R OF BREATH TEST	S IN THE FOLLOW	ING RANG	ES SINCE TH	E LAST MAINTENA	NCE REPORT:
REFUSALS: 0 0	04: 1	.0509: 1	.1014:	1	.1519: 3	OVER .19: 1
LIST ANY NEW PARTS AND DESCR ESTABLISHED LIMITS (USE OTHER		FICATION THAT WAS MADE	TO RESTORE TH	E INSTRUMENT TO C	PERATE SATISFACTORILY A	AND WITHIN
INSPECTING OFFICER						
SIGNATURE			PRINT FUL	L NAME MY R MCCUF	2DV	- Contraction
TYPE II PERMIT NUMBER 200312		EXPIRATION DATE 12/30/2022		TELEPHONE NUME 573-368-23	BER	
RETURN COMPLETED	D	reath Alcohol Progra y mail, fax, or email			Health and Senior Se	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 Test Date: 21-Jan-2021

Lot # AG102002 Model 108cacd

Exp. Date 20-Jan-2023 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.	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
 CC727493
 390.0 ppm

 CC727496
 253.0 ppm
 CC727498
 150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control Date: 2021.01.27 14:59:44 -06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

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

JEREMY R. MCCURDY

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 12/30/2020	wante			
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 200312				
EXPIRES 12/30/2022	By Ulle			
MO 580-9771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES			

