## RECEIVED

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
INTOX DMT MAINTENANCE REPORT
Complete this report at the time of the regular monthly preventive maintenance check（not to exceed 35 days）．
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service．
Retain the original and send a copy within 15 days to the Breath Alcohol Program，DHSS．

| INTXXDMT SN |  |
| :--- | :--- | :--- |
| 500084 | NAME OF AGENCY |
| Missouri State Highway Patrol | DATE OF INSPECTION |
| LOCATIONOF INSTRUMENT（STREET AND CITY | $01 / 14 / 2022$ |
| 202 S High St．，Stockton，MO | $13: 25: 54$ |

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 01／14／2022 13：25：57 | 囚 DETECTOR |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 区 PROGRAM | 囚 FILTER 1 |  |  |  |  |
| 囚 SAMPLE CHAMBER $48.8{ }^{\circ} \mathrm{C}$ | 囚 FILTER 2 |  |  |  |  |
| 囚 BREATH TUBE $46.2^{\circ} \mathrm{C}$ | 囚 FILTER 3 |  |  |  |  |
| 囚 PUMP | 区 INTERNAL STANDARD |  |  |  |  |
| BREATH ANALYZER ACCURACY STANDARDS |  |  |  |  |  |
| $\square$ SIMULATOR STANDARD |  | ® COMPRESSED ETHANOL－GAS MIXTURE |  |  |  |
| 区 STANDARD SUPPLIER INTOXIMETERS LOT \＃AG011501 EXP．DATE 04／24／2022 |  |  |  |  |  |
| $\square$ SIMULATOR TEMP $\left(34^{\circ} \mathrm{C} \pm 0.2^{\circ} \mathrm{C}\right)$ |  |  |  | SIM．NIST EXP DATE |  |
| $\boxtimes$ CALIBRATION CHECK－（ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT） <br> Run three tests using a standard．All three tests must be within $\pm 5 \%$ of the standard value and must have a spread of 005 or less．Mark the box corresponding to the standard being used． <br> 区 $0.10 \%$ STANDARD－MUST READ BETWEEN $0.095 \%$ AND $0.105 \%$ INCLUSIVE |  |  |  |  |  |
| TEST 1： 0.099 | TEST 2： 0.099 TEST 3： 0.099 |  |  |  |  |
| 区 PERFORM R．F．I．TEST |  |  |  |  |  |
| INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPOR |  |  |  |  |  |
| REFUSALS： 0 0－04： 30 | 05－09： 0 $10-14: 0$ |  |  | 15－19： 0 | OVER |
| LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORLY AND WTHIN ESTABLISHED LIMTS（USE OTHER SIDE IF NECESSARY |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| INSPECTING OFFICER |  |  |  |  |  |
| SIGNATURE $\qquad$ |  | WILLIAM J WOOD |  |  |  |
| TKPE IPERMT NUMBER 200203 |  |  | TELEPHONE NUMBER |  |  |
| RETURN COMPLETED REPORT TO THE B | Breath Alcohol Program，Missouri Department of Health and Senior Services by mail，fax，or email |  |  |  |  |

# Certificate of Analysis 

## Customer Name

Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

> Lot \# AG011501 Model 108cacd

Exp. Date
24-Apr-2022

Cyl. Type 108

Test Date: 28-Apr-2020

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

| RGM Serial No. | Concentration |  | RGM Serial No. |
| :--- | :--- | :--- | :--- |

Approved for Release:


ISO 17025:2005 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07


# STATE OF MISSOURI <br> DEPARTMENT OF HEALTH AND SENIOR SERVICES <br> BREATH ALCOHOL PROGRAM PERMIT TYPE II <br> WILLIAM J WOOD 

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 $\qquad$


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 200203
EXPIRES 7/8/2022


