

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM By Brianna Medrano at 1:20 pm, Jan 24, 2022

INTOX DMT MAINTENANCE REPORT

REPORT #1

| INTOX DIVIT WAINTENANCE RE | I OIT | | | |
|--|--|-------------------------------------|-------------------|--|
| Complete this report at the time of the regular monthly p Complete this report whenever the instrument is service Retain the original and send a copy within 15 days to th | d or repaired and whenever it is p | placed into service. | | |
| NAME OF AGENCY Missouri State High | way Patrol | 01/14/2022 | | |
| LOCATION OF INSTRUMENT (STREET AND CITY) 202 S High St., Stockton, MO | | TIME OF INSPECTION 13:25:54 | | |
| CHECKLIST: Place a mark in the box by each item if for values where determined). Unmarked items must be co | ound to be satisfactory or is operative ted before using instrument. | ating within established limits. (V | Vrite in observed | |
| ☑ DIAGNOSTIC RECORD | | | | |
| DATE AND TIME <u>01/14/2022 13:25:57</u> | ☑ DETECTOR | ? | | |
| ☑ PROGRAM | | | | |
| ☐ SAMPLE CHAMBER 48.8°C | ☐ FILTER 2 | | | |
| ☑ BREATH TUBE 46.2°C | ☑ FILTER 3 | | | |
| ☑ PUMP ☑ INTERNAL STANDARD | | | | |
| BREATH ANALYZER ACCURACY STANDARDS | | | | |
| ☐ SIMULATOR STANDARD | | SED ETHANOL-GAS MIXTUR | E | |
| STANDARD SUPPLIER INTOXIMETERS | LOT# AG011501 | EXP. DATE <u>0</u> | 4/24/2022 | |
| ☐ SIMULATOR TEMP (34°C ± 0.2°C) | SIM. SN | SIM. NIST EXP DATE | | |
| of .005 or less. Mark the box corresponding to the ☑ 0.10% STANDARD - MUST READ BETW ☐ 0.08% STANDARD - MUST READ BETW ☐ 0.04% STANDARD - MUST READ BETW | EEN 0.095% AND 0.105% INCL EEN 0.076% AND 0.084% INCL | USIVE | | |
| TEST 1: 0.099 TEST | 2: 0.099 | TEST 3: 0.099 | | |
| ☑ PERFORM R.F.I. TEST | | | | |
| INDICATE THE NUMBER OF BREATH TESTS IN 1 | THE FOLLOWING RANGES SI | NCE THE LAST MAINTENA | NCE REPORT: | |
| REFUSALS: 0 004: 30 .050 | 9: 0 .1014: 0 | .1519: 0 | OVER .19: 0 | |
| LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATIO ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) | N THAT WAS MADE TO RESTORE THE INSTR | RUMENT TO OPERATE SATISFACTORILY A | ND WITHIN | |
| INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER | PRINT FULL NAME WILLIAM J EXPIRATION DATE TELEF | | | |
| 200203 RETURN COMPLETED REPORT TO THE Breath | 07/08/2022 Alcohol Program, Missouri Departax, or email | | rvices | |



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 <u>Test Date:</u> 28-Apr-2020

Lot # AG011501 Model 108cacd

Exp. Date 24-Apr-2022 Cyl. Type 108 Component Ethanol

Nitrogen

<u>Certified Concentration</u> 0.100 ± 2% BrAC (260 ppm)

Balance

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 |

| CRM Serial No. | Concentration |
|----------------|---------------|
| CC434668 | 800.0 ppm |
| CC234503 | 253.0 ppm |

RGM Serial No. EB0010603 EB0010559 EB0010595 EB0010562 EB0010579

208.3 ppm 104.2 ppm 52.81 ppm Concentration

393.0 ppm

258.2 ppm

Concentration

 CRM Serial No.
 Concentration

 0056649
 390.1 ppm

 0056662
 150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control Date: 2020.04.28 18:14:39 -05:00 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

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.

| 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo. | |
|---|---|
| DATE7/8/2020 | wante |
| | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY |
| NUMBER 200203 | |
| EXPIRES 7/8/2022 | for Ulle |
| D | IRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES |

MO 580-0771 (5-10)

LAB-4 (R6-10)



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

Operator WOOD, WILLIAM

Permit No 200203

Date Issued 7/8/2020 Date Expires 7/8/2022

