By Tracy Crews at 8:56 am, Mar 28, 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 time of the regular monthly Complete this report whenever the instrument is service Retain the original and send a copy within 15 days to the	ed or repaired and whenever	it is placed into service.		
INTOX DMT SN S00084  NAME OF AGENCY Missouri State Hig	DATE OF INSPECTION 03/17/2022			
LOCATION OF INSTRUMENT (STREET AND CITY) 202 S High St., Stockton, MO		TIME OF INSPECTION 06:06:58		
CHECKLIST: Place a mark in the box by each item if the values where determined). Unmarked items must be considered in the consideration of the consideration	found to be satisfactory or is corrected before using instrum	perating within established limits ent.	. (Write in observed	
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>03/17/2022 06:07:00</u> ☑ DETECTOR				
☑ PROGRAM ☑ FILTER 1				
☑ SAMPLE CHAMBER 48.7°C ☑ FILTER 2				
☑ BREATH TUBE 45.3°C		3		
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD		RESSED ETHANOL-GAS MIXT	URE	
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#_AG01150	1 EXP. DATE	04/24/2022	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DA	TE	
<ul> <li>□ CALIBRATION CHECK - (ONLY ONE STANDA Run three tests using a standard. All three tests m of .005 or less. Mark the box corresponding to the □ 0.10% STANDARD - MUST READ BETW</li> <li>□ 0.08% STANDARD - MUST READ BETW</li> <li>□ 0.04% STANDARD - MUST READ BETW</li> </ul>	e standard being used. VEEN 0.095% AND 0.105% VEEN 0.076% AND 0.084%	NCLUSIVE NCLUSIVE	ad	
TEST 1: 0.099 TES	T 2: 0.099	TEST 3: 0.099		
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWING RANGE	S SINCE THE LAST MAINTEN	NANCE REPORT:	
REFUSALS: 0 004: 0 .05	09: 1 .1014: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ON THAT WAS MADE TO RESTORE THE	INSTRUMENT TO OPERATE SATISFACTORIL	Y AND WITHIN	
INSPECTING OFFICER SIGNATURE	PRINT FULL			
1/2/11	WILLIA	M J WOOD		
TYPE II PERMIT NUMBER 200203	07/08/2022	TELEPHONE NUMBER 417-895-6868		
RETURN COMPLETED REPORT TO THE Breath by mai	Alcohol Program, Missouri D I, fax, or email	epartment of Health and Senior	Services	



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: 28-Apr-2020

Lot # AG011501 Model 108cacd

Exp. Date 24-Apr-2022 Cyl. Type

Component

Certified Concentration

-2022 108

Ethanol Nitrogen 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	

EB0010559
EB0010595
EB0010562
EB0010579

EB0010603

EDAMAGEA

**RGM Serial No.** 

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

Pod Marcala

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

## 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.

DATE7/8/2020	wonde
J. 110.2020	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 200203	
EXPIRES 7/8/2022	DIRECTOR OF DEPARTMENT OF HEALTH AND 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 Expires 7/8/2022 Date Issued 7/8/2020

