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By Tracy Crews at 2:54 pm, May 04, 2022



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

THE STATE OF THE S	VET VIVI				
Complete this report at the time of the regular monthly Complete this report whenever the instrument is servic Retain the original and send a copy within 15 days to the complete this report whenever the instrument is serviced by the complete this report at the time of the regular monthly complete this report at the time of the regular monthly complete this report at the time of the regular monthly complete this report at the time of the regular monthly complete this report at the time of the regular monthly complete this report whenever the instrument is serviced by the regular monthly complete this report whenever the instrument is serviced by the regular monthly complete this report whenever the instrument is serviced by the regular monthly complete this report whenever the instrument is serviced by the regular monthly complete this report whenever the instrument is serviced by the regular monthly complete this report whenever the instrument is serviced by the regular monthly complete	ced or repaired and whenever it is placed				
INTOX DMT SN NAME OF AGENCY 500106 Missouri State Hig	04/29/2022				
COCATION OF INSTRUMENT (STREET AND CITY) Shelby County SO, 100 E. Main St. Shelbyville,	TIME OF INSPECTION 14:28:51				
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 <u>04/29/2022 14:28:53</u>	☑ DETECTOR				
☑ PROGRAM	☑ FILTER 1				
☑ SAMPLE CHAMBER 48.7°C					
☑ BREATH TUBE 38.9°C	☑ FILTER 3				
☑ PUMP	☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS					
☐ SIMULATOR STANDARD		THANOL-GAS MIXTURE			
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#_AG125101	EXP. DATE <u>09/08/2023</u>			
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DATE			
 □ CALIBRATION CHECK - (ONLY ONE STANDAR 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 BETV □ 0.08% STANDARD - MUST READ BETV □ 0.04% STANDARD - MUST READ BETV 	e standard being used. VEEN 0.095% AND 0.105% INCLUSIVE VEEN 0.076% AND 0.084% INCLUSIVE				
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 RANGES SINCE T	HE LAST MAINTENANCE REPORT:			
REFUSALS: 0 004: 0 .05	09: 0 .1014: 0	.1519: 3 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 T	O OPERATE SATISFACTORILY AND WITHIN			
INSPECTING OFFICER					
SIGNATURE (11/1) 2 #792	PRINT FULL NAME CHAD D PRIMM				
TYPE II PERMIT NUMBER 220047	02/10/2024 TELEPHONE NU 660-385-				
	Alcohol Program, Missouri Department il, fax, or email	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: 8-Sep-2021

Lot # AG125101 **Model** 108

Exp Date 8-Sep-2023 Cyl. Type

Component

Certified Concentration

3 108

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	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
CC434668 800.0 ppm
CC234503 253.0 ppm

CRM Serial No. 0056649 0056662 Concentration

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 || CHAD D. PRIMM

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	2/10/2022	Laura a Nay
DAIL	MI T VI M V M M	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	220047	
EXPIRES	2/10/2024	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 as in Missouri.

Operator PRIMM, CHAD Permit No 220047

