RECEIVED

By Tracy Crews at 1:00 pm, Jul 08, 2022



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

REPORT #1

		of the regular mon	thly preventive maintenan	nce check (not to exc	eed 35 days).		
Complete this rep	ort whenever t	he instrument is se	erviced or repaired and what to the Breath Alcohol Pro	nenever it is placed ir	ito service.		
1NTOX DMT SN 500123					06/29/2022		
OCATION OF INSTRUMENT (STREET AND CITY) HWY 254, HERMITAGE					TIME OF INSPECTION 18:34:06		
CHECKLIST: Pla	ace a mark in t	he box by each iter arked items must b	m if found to be satisfacto be corrected before using	ory or is operating wit instrument.	hin established limits. (W	rite in observed	
☑ DIAGNOSTIC RECORD							
DATE AND T	DATE AND TIME <u>06/29/2022 18:34:09</u> ☑ DETECTOR						
☑ PROGRA	PROGRAM STILTER 1						
SAMPLE	AMPLE CHAMBER 48.8°C						
☑ BREATH	BREATH TUBE 46.3°C FILTER 3						
☑ PUMP	☑ PUMP ☑ INTERNAL STANDARD						
BREATH ANAL	YZER ACCUF	RACY STANDARI					
☐ SIMULA	IMULATOR STANDARD © COMPRESSED ETHANOL-GAS MIXTURE						
☑ STANDARD	SUPPLIER_I	NTOXIMETERS	LOT#_A	G125601	EXP. DATE <u>09</u>	/13/2023	
☐ SIMULATOR			SIM. SN_ NDARD IS TO BE USE sts must be within ±5% of		SIM. NIST EXP DATE_		
☑ 0.10 □ 0.08	f .005 or less. Mark the box corresponding to the standard being used. □ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE □ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE						
TEST 1 0.100			TEST 2: 0.100		TEST 3: 0.100		
☑ PERFORM F	R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:							
REFUSALS: 0	004:			.1014: 0	.1519: 1	OVER .19: 0	
LIST ANY NEW PARTS ESTABLISHED LIMITS	AND DESCRIBE AN USE OTHER SIDE II	Y ALTERATION OR MODI F NECESSARY)	FICATION THAT WAS MADE TO RE	STORE THE INSTRUMENT T	O OPERATE SATISFACTORILY AN	ID WITHIN	
INSPECTING OFFICER SIGNATURE PRINT FULL NAME							
TYPE II PERMIT NUMB	PERMIT NUMBER (10) LEXPIRATION DATE				MICHAEL D MURRILL TELEPHONE NUMBER 417-895-6868		
210273 RETURN COM	PLETED REF	L	11/30/2023 Breath Alcohol Program, Noy mail, fax, or email			vices	



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Test Date: 13-Sep-2021

Customer Name

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

Lot # AG125601 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

13-Sep-2023

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. EB0010581

Concentration 392.1 ppm

259.8 ppm

EB0010561

103.6 ppm

RGM Serial No. EB0010603

Concentration 393.0 ppm 258.2 ppm

EB0010570 208.0 ppm EB0010285

EB0010559 EB0010595 EB0010562

208.3 ppm 104.2 ppm

EB0010681 52.12 ppm EB0010579

52.81 ppm

CRM Serial No.

Concentration

CRM Serial No. 0056649

Concentration

CC434668 CC234503 800.0 ppm 253.0 ppm 0056662

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:09.14.2021 18:36

Approved for Release:

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



MO 580 0771 (6-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



LAB-4 (R6-10)

PERMIT TYPE II

MICHAEL D. MURRILL

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 11/30/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210273

EXP RES 11/30/2023

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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

INSTRUMENT OPERATOR CARD

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

Operator MURRILL, MICHAEL

Permit No 210273

Date Issued 11/30/2021 Date Expires 11/30/2023

