# By Tracy Crews at 8:20 am, Mar 14, 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 m Complete this report whenever the instrument is Retain the original and send a copy within 15 da	s serviced or repaired and	whenever it is placed i		
	ate Highway Patrol		DATE OF INSPECTION 03/01/2022	
LOCATION OF INSTRUMENT (STREET AND CITY) 518 N. Lincoln St., Kahoka Clark County	S.O.		TIME OF INSPECTION 07:47:02	
CHECKLIST: Place a mark in the box by each values where determined). Unmarked items mu	item if found to be satisfacts to be corrected before usi	ctory or is operating wi	hin established limits. (Write	in observed
☑ DIAGNOSTIC RECORD		8		
DATE AND TIME <u>03/01/2022 07:47:05</u>		DETECTOR		
☑ PROGRAM	ľ	X FILTER 1		
☑ SAMPLE CHAMBER 48.8°C		X FILTER 2		
☑ BREATH TUBE 43.0°C		X FILTER 3		
☑ PUMP	Ī	INTERNAL STAN	)ARD	
BREATH ANALYZER ACCURACY STANDA	RDS		**************************************	
☐ SIMULATOR STANDARD	7	COMPRESSED E	THANOL-GAS MIXTURE	
	LOT#_	AG102002	EXP. DATE <u>01/20</u>	0/2023
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE	
<ul> <li>□ CALIBRATION CHECK - (ONLY ONE ST Run three tests using a standard. All three to f.005 or less. Mark the box corresponding</li> <li>□ 0.10% STANDARD - MUST READ</li> <li>□ 0.08% STANDARD - MUST READ</li> <li>□ 0.04% STANDARD - MUST READ</li> </ul>	g to the standard being us DBETWEEN 0.095% AND DBETWEEN 0.076% AND	sed. D 0.105% INCLUSIVE D 0.084% INCLUSIVE	nd must have a spread	
TEST 1: 0.097	TEST 2: 0.097		TEST 3: 0.097	
☑ PERFORM R.F.I. TEST			<del></del>	
INDICATE THE NUMBER OF BREATH TES	TS IN THE FOLLOWING	G RANGES SINCE T	HE LAST MAINTENANCE	REPORT:
REFUSALS: 0 004: 0	.0509: <b>0</b>	.1014: 1	.1519: 2	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)  MEETS DHSS STANDARDS. ADJUSTED TIME.	DIFICATION THAT WAS MADE TO F	RESTORE THE INSTRUMENT TO	DOPERATE SATISFACTORILY AND W	ITHIN
INSPECTING OFFICER				
SIGNATURE TO HAMARI		PRINT FULL NAME ZACHARY S HOP	RRELL	
TYPE II PERMIT/NUMBER / / WWW. 220042	EXPIRATION DATE 02/10/2024	TELEPHONE NU 660-385-		
	Breath Alcohol Program, by mail, fax, or email	Missouri Department o	of Health and Senior Service	s



#### 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: 21-Jan-2021

Lot # AG102002 Model 108cacd

Exp. Date

Cyl. Type

Component

**Certified Concentration** 

20-Jan-2023

108

Ethanol Nitrogen  $0.100 \pm 2\%$  BrAC (260 ppm)

Balance

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

RGM Serial No.	Concentration 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm	RGM Serial No.	Concentration
EB0010581		EB0010603	393.0 ppm
EB0010570		EB0010559	258.2 ppm
EB0010285		EB0010595	208.3 ppm
EB0010561		EB0010562	104.2 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No.	Concentration	CPM Sorial No	Concentration

Concentration CRIVI Serial No. Concentration CRM Serial No. CC727481 800.0 ppm CC727493 390.0 ppm CC727496 253.0 ppm CC727498 150.0 ppm

**Analytical Method:** 

**NDIR** 

Digitally signed by Quality Control Date: 2021.01.27 14:59:44 -06:00 Reason: Dry gas standard certification of analysis Location: Aírgas USA LLC (Lab)

Approved for Release:

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

## **ZACHARY S. HORRELL**

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.

		Lama Q Day
DATE 2/10/2022	2/10/2022	Lacour 1 10 mg
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	220042	
		( ) Meson
EXPIRES $2/10/202$	2/10/2024	, acting director.  DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
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MO 580-0771 (6-10)

LAB-4 (R6-10)

