RECEIVED

By Tracy Crews at 7:37 am, Sep 06, 2022



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

THE ON DIVINITY LIVING	_ 1111 0111				
Complete this report at the time of the regular mon Complete this report whenever the instrument is se Retain the original and send a copy within 15 days	erviced or repaired and w	henever it is placed i			
intox dmt sn Name of agency Missouri State	Highway Patrol		DATE OF INSPECTION 08/24/2022		
LOCATION OF INSTRUMENT (STREET AND CITY) 280 West Main, Kingston, Missouri 64650		TIME OF INSPECTION 16:30:09			
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 TIME08/24/2022 16:30:12					
☑ PROGRAM		FILTER 1			
☑ SAMPLE CHAMBER 48.8°C		FILTER 2	The state of the s		
☐ BREATH TUBE 47.7°C ☐ ☐ FILTER 3					
☑ PUMP	☐ PUMP ☐ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARD	S				
☐ SIMULATOR STANDARD		COMPRESSED E	THANOL-GAS MIXTURE		
	LOT#_A	G102002	EXP. DATE <u>01/20</u>	0/2023	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE		
 □ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .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: 0.096	TEST 2: 0.097		TEST 3: 0.097		
☑ PERFORM R.F.I. TEST				TO BE AND THE CONTRACT OF THE PROPERTY OF THE	
INDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWING	RANGES SINCE T	HE LAST MAINTENANCE	REPORT:	
1 1		1014: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) TAKING OVER MAINTENANCE - CONFORMS TO STANDARD					
INSPECTING OFFICER					
SIGNATURE		RINT FULL NAME TRAVIS N GART	ON		
TYPE II PERMIT NUMBER 220206	EXPIRATION DATE 08/24/2024	TELEPHONE NU 816-387-2			
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email					



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 20-Jan-2023 **Cyl. Type** 108

Component Ethanol Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Nitrogen

Balance

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
		CDM Social No.	Concentration

 CRM Serial No.
 Concentration
 CRM Serial No.
 Concentration

 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: 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 TYPE II TRAVIS GARTON

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

or the determination of the alcoholic content of blood from a sam 577.020 through 577.041, RSMo and 306.111 through 306.119 F	
577.020 through 577.041, Notwo and 300.111 through 300.110 t	Mile Masson
DATE 8/24/2022	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 220206	Davla J. nichelson
EXPIRES 8/24/2024	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 ai in Missouri.

Operator GARTON, TRAVIS Permit No 220206

Date Issued 8/24/2022

Date Expires 8/24/2024

