### **RECEIVED**

By Tracy Crews at 8:38 am, May 31, 2022



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

REPORT #1

INTOX DMT N	MAINTENANCE	REPORT				
Complete this report at the time Complete this report whenever Retain the original and send a c	the instrument is serv	viced or repaired and w	henever it is placed ir	eed 35 days). nto service.		
INTOX DMT SN 500164	NAME OF AGENCY Missouri State Highway Patrol			DATE OF INSPECTION 05/14/2022		
LOCATION OF INSTRUMENT (STREET AND CITY) 613 WALNUT STREET, CHILLICOTHE, MO 64601				TIME OF INSPECTION 23:20:35		
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>05/14/2022 23:20:37</u> ☑ DETECTOR						
☑ PROGRAM ☑ FILTER 1						
☐ SAMPLE CHAMBER_	☑ SAMPLE CHAMBER 48.7°C ☑ FILTER 2					
☐ BREATH TUBE 48.1°C ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐						
□ PUMP □ INTERNAL STANDARD						
BREATH ANALYZER ACCUR	RACY STANDARDS	S				
☐ SIMULATOR STANDA	☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE					
STANDARD SUPPLIER II	NTOXIMETERS	LOT#_ <u>_</u>	G102002	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 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.</li> <li>□ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</li> <li>□ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</li> <li>□ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</li> </ul>						
TEST 1: 0.100	TE	EST 2: <b>0.099</b>	***************************************	TEST 3: 0.100		
▼ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF	BREATH TESTS	IN THE FOLLOWING	RANGES SINCE T	HE LAST MAINTENANCE	REPORT:	
REFUSALS: 0 004:		509: <b>0</b>	.1014: 2	.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)						
			M			
					HAMAS STREET	
INSPECTING OFFICER SIGNATURE			PRINT FULL NAME			
2d			JAMES C ACREE			
TYPE II PERMIT NUMBER 200186		06/15/2022	816-387-			
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

Cyl. Type

Component

**Certified Concentration** 0.100 ± 2% BrAC (260 ppm)

20-Jan-2023

108

Ethanol Nitrogen

Balance

CC727493

CC727498

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

RGM Serial No.	Concentration	DCM Carial Na	Composition
74	Concentration	RGM Serial No.	<u>Concentration</u>
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	CRM Serial No.	Concentration
CC727481	mag 0.008	CC727493	390.0 ppm

**Analytical Method:** 

CC727496

NDIR

253.0 ppm

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:

390.0 ppm

150.0 ppm

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

# **JAMES C. ACREE**

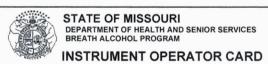
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

## **INTOX DMT**

for the determination of the alcoholic content of blood from a sa 577.020 through 577.041, RSMo and 306.111 through 306.119	mple of expired air. Permit issued under the provisions of sections
orr.ozo anough orr.o+1, nomo una oco. 111 anough oco. 116	$M\Lambda \Lambda \Lambda \Lambda$
DATE5/25/2022	Mike Masson
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 220147	
	Davla I. Nichelson
EXPIRES 5/25/2024	
	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 air in Missouri.

Operator ACREE, JAMES
Permit No 220147

Date Issued 5/25/2022 Date Expires 5/25/2024

