By Tracy Crews at 8:06 am, Jul 11, 2022

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

INTOX DMT MAINTENANCE REPORT

REPORT #1

THIOX DITT WATER TO	(LI OIL)			
Complete this report at the time of the regular monthly Complete this report whenever the instrument is service Retain the original and send a copy within 15 days to	ced or repaired and wh	enever it is placed in		
NAME OF AGENCY 500168 Missouri State Highway Patrol			07/06/2022	
LOCATION OF INSTRUMENT (STREET AND CITY) 104 North Polk, Albany, MO			TIME OF INSPECTION 09:29:27	
CHECKLIST: Place a mark in the box by each item if values where determined). Unmarked items must be of	found to be satisfactor corrected before using	y or is operating with instrument.	in established limits. (Wr	ite in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME _ 07/06/2022 09:29:29				
☑ PROGRAM		FILTER 1		
☑ SAMPLE CHAMBER 48.8°C		FILTER 2		
☑ BREATH TUBE_45.5°C		FILTER 3		
☑ PUMP		INTERNAL STANDA	ARD	
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD		COMPRESSED ET	HANOL-GAS MIXTURE	
☐ STANDARD SUPPLIER INTOXIMETERS	LOT #_AC	3125101	EXP. DATE <u>09/</u>	08/2023
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN_		SIM. NIST EXP DATE	
□ CALIBRATION CHECK - (ONLY ONE STAND) Run three tests using a standard. All three tests n of .005 or less. Mark the box corresponding to th □ 0.10% STANDARD - MUST READ BET □ 0.08% STANDARD - MUST READ BET □ 0.04% STANDARD - MUST READ BET	e standard being used WEEN 0.095% AND 0 WEEN 0.076% AND 0	.105% INCLUSIVE .084% INCLUSIVE	a mast have a spread	
TEST 1: 0.099	TEST 2: 0.099		TEST 3: 0.099	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWING F	RANGES SINCE TH	IE LAST MAINTENANC	CE REPORT:
REFUSALS: 0 004: 0 .05-	.09: 0	014: 0	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICAT ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	TION THAT WAS MADE TO RES	TORE THE INSTRUMENT TO	OPERATE SATISFACTORILY AND	WITHIN
INSPECTING OFFICER		ONE FULL MANE		
SIGNATURE WWW.		RINT FULL NAME MICHAEL J MILLE	R	
TYPE II PERMIT NÜMBER 200292	12/08/2022	816-387-2		
	th Alcohol Program, Mi ail, fax, or email	ssouri Department o	Health and Senior Servi	ices
MO 680 2808 (6.10)	LECULAL OPPORTUNITY/AFEIR	MATINE ACTION EMPLOYED		I AD 166



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 108

Component

Certified Concentration

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
EB0010581	392.1 ppm
EB0010570	259.8 ppm
EB0010285	208.0 ppm
EB0010561	103.6 ppm
EB0010681	52.12 ppm

RGM Serial No.	Concentration
EB0010603	393.0 ppm
EB0010559	258.2 ppm
EB0010595	208.3 ppm
EB0010562	104.2 ppm
EB0010579	52.81 ppm

CRM Serial No. CC434668

Concentration 800.0 ppm 253.0 ppm

CRM Serial No. 0056649 0056662

Concentration 390.1 ppm

150.2 ppm

Analytical Method: NDIR

CC234503

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:

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 II

MICHAEL J. MILLER

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

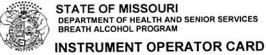
ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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 12/8/2020	when		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 200292	arni M		
EXPIRES 12/8/2022	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 MILLER, MICHAEL

Permit No 200292

Date Issued 12/8/2020 Date Expires 12/8/2022

