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By Tracy Crews at 7:55 am, Apr 29, 2022



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

1400								
Complete this repo	ort at the time of the reg ort whenever the instrun and send a copy within	nent is serviced or re	paired and w	henever it is pl	laced into servi	days). ce.		
NAME OF AGENCY 500236 Farmington Police Department					DATE OF INSPECTION 04/26/2022			
LOCATION OF INSTRUMENT (STREET AND CITY) 310 Ste. Genevieve Ave. Farmington MO 63640					18:	TIME OF INSPECTION 18:11:30		
CHECKLIST: Place values where determined to the control of the con	ce a mark in the box by rmined). Unmarked iten	each item if found to	be satisfact	ory or is operati g instrument.	ing within estal	blished limits. (Wr	ite in observed	
☑ DIAGNOSTIC						74	300 XIII	
DATE AND TIME <u>04/26/2022 18:11:33</u>				☑ DETECTOR				
☑ PROGRAM				☑ FILTER 1				
☑ SAMPLE CHAMBER 48.8°C ☑ FILTER 2							7,1000 C	
☑ BREATH TUBE 46.8°C				☑ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD								
BREATH ANALYZ	ZER ACCURACY STA	NDARDS						
☐ SIMULATO	OR STANDARD			COMPRESS	ED ETHANOL	-GAS MIXTURE		
☑ STANDARD S	UPPLIER INTOXIME	TERS	LOT#_A	G120310	E	EXP. DATE <u>07/2</u>	22/2023	
	EMP (34°C ± 0.2°C) CHECK - (ONLY ON s using a standard. All t		SIM. SN			ST EXP DATE		
□ 0.10% □ 0.08%	Mark the box corresponds of the second of th	READ BETWEEN 0. READ BETWEEN 0.	095% AND (076% AND (0.105% INCLU 0.084% INCLU	JSIVE			
TEST 1: 0.100	EST 1: 0.100		TEST 2: 0.100			TEST 3: 0.099		
PERFORM R.F	I. TEST	· · · · · · · · · · · · · · · · · · ·				20102000000000000000000000000000000000		
INDICATE THE N	UMBER OF BREATH	TESTS IN THE FO	LLOWING	RANGES SIN	CE THE LAS	T MAINTENANC	E REPORT:	
REFUSALS: 0	004: 3	.0509: 0		1014: 2	15-1	g. 3	OVER 10:0	
LIST ANY NEW PARTS ANI ESTABLISHED LIMITS (US!	D DESCRIBE ANY ALTERATION E OTHER SIDE IF NECESSARY)	OR MODIFICATION THAT W/	AS MADE TO RES	STORE THE INSTRUM	MENT TO OPERATE	SATISFACTORILY AND Y	WITHIN	
INSPECTING OFF	FICER Cacay 114		Au	RINT FULL NAME LARRY E LAI				
210300		30.0475.0471.0450.042	/2023		ONE NUMBER 366-2114			
RETURN COMPLI	ETED REPORT TO T	by mail, fax, or	emaii		nent of Health a	and Senior Servic	es	
10 300-2030 (3-19)		AN FOLIAL OPPO	APTI INITY/ACCID	MATINE ACTION END	DI OVER			



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

Certificate of Analysis

Test Date: 23-Jul-2021

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

Lot # AG120310 Model 108

Exp Date 22-Jul-2023

Cyl. Type 108

Component Ethanol

Ethanol Nitrogen Certified Concentration 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. EB0010603 EB0010559 EB0010595 EB0010562 EB0010579

Concentration 393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm

52.81 ppm

CRM Serial No. CC434668 CC234503

Concentration 800.0 ppm 253.0 ppm

CRM Serial No. 0056649 0056662

Concentration 390.1 ppm

150.2 ppm

Analytical Method:

NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Afgas USA LLC (Lab) Date:07.27.2021 17:18

Approved for Release:

Rod Marsala

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

LARRY E. LACEY

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	12/10/2021
NUMBER	210300
EXPIRES	12/10/2023

MO 580-0771 (6-10)

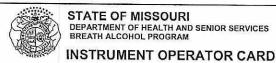
Laura & Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

Trong S. Kann w

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 LACEY, LARRY Permit No 210300

Date Issued 12/10/2021 Date Expires 12/10/2023

