RECEIVED

By Tracy Crews at 7:33 am, Apr 04, 2022



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

INTOX DMT MAINTEN	IANCE REPORT			REPORT #1
Complete this report at the time of the regu Complete this report whenever the instrum Retain the original and send a copy within	ent is serviced or repaired an	d whenever it is placed	cceed 35 days). into service.	
intox dmt sn Name of agi 500260 Kennet	TXXIIDAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	DATE OF INSPECTION 04/02/2022	, , , , , , , , , , , , , , , , , , , ,	
LOCATION OF INSTRUMENT (STREET AND CITY) 200 Cedar St. Kennett Mo 63857		TIME OF INSPECTION 10:54:11		
CHECKLIST: Place a mark in the box by evalues where determined). Unmarked item	each item if found to be satisf s must be corrected before u	actory or is operating wasing instrument.	ithin established limits. (Wi	ite in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>04/02/2022</u> 10:5	4:13	☑ DETECTOR		
☑ PROGRAM		☑ FILTER 1	1700-1700-1700-1700-1700-1700-1700-1700	THE CONTROL OF THE CO
☑ SAMPLE CHAMBER 48.7°C		☑ FILTER 2	***************************************	**************************************
☑ BREATH TUBE 46.9°C		☑ FILTER 3	Well	***************************************
⊠ PUMP	ONTATION OF THE PROPERTY OF TH	☑ INTERNAL STAN	DARD	
BREATH ANALYZER ACCURACY STA	NDARDS			######################################
☐ SIMULATOR STANDARD		☑ COMPRESSED E	THANOL-GAS MIXTURE	1000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
STANDARD SUPPLIER INTOXIME	TERLOT#	AG102002	EXP. DATE <u>01/</u>	20/2023
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SI		SIM. NIST EXP DATE	
of .005 or less. Mark the box correspo ☑ 0.10% STANDARD - MUST R ☐ 0.08% STANDARD - MUST R ☐ 0.04% STANDARD - MUST R	EAD BETWEEN 0.095% AN EAD BETWEEN 0.076% AN	ID 0.105% INCLUSIVE ID 0.084% INCLUSIVE		
TEST 1: 0.101	TEST 2: 0.100		TEST 3: 0,101	
☑ PERFORM R.F.I. TEST	331374433333444	THE STATE OF THE S	The state of the s	
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLLOWIN	IG RANGES SINCE T	HE LAST MAINTENANC	E REPORT:
REFUSALS: 1 004: 0	.0509; 2	.1014: 1	.1519: 1	OVER .19: 1
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OF ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	OR MODIFICATION THAT WAS MADE TO	RESTORE THE INSTRUMENT T	O OPERATE SATISFACTORILY AND	WITHIN
INSPECTING OFFICER SIGNATURE		PRINT FULL NAME ALAN B CAMPBE	ELL	
TYPE II PERMIT NUMBER 210119	EXPIRATION DATE 06/04/2023	TELEPHONE NU 573-888-		
RETURN COMPLETED REPORT TO TI	HE Breath Alcohol Program by mail, fax, or email	, Missouri Department	of Health and Senior Servi	cės
MO 580-2898 (5-19)	AN COHAL ODDODTHALITYA	EEIDMATINE ACTION EMBLOVE	D	1 A O 1 A O

services provided on a nondiscriminatory basis



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

Éthanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

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
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

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STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II ALAN CAMPBELL

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.

0.1.020	and dop. The finding and dop. The analysis dop. The findings	of 6
DATE	6/4/2021	when
	William Willia	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	210119	
EXPIRES	6/4/2023	Med Major
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

