

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

#### INTOX DMT MAINTENANCE REPORT

REPORT #1

		THE TENTHOL	INEI OILI						
Complete this rep Retain the original	cort whenever	of the regular month the instrument is serv opy within 15 days to	iced or repaired a	nd wheneve	er it is placed into	ed 35 days). o service.			
500261 NAME OF AGENCY Lake Ozark Police Dept.						DATE OF INSPECTION 05/11/2022			
COCATION OF INSTRUMENT (STREET AND CITY) 3162 Bagnell Dam Boulevard, Lake Ozark						TIME OF INSPECTION 15:45:03			
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.									
☑ DIAGNOST				3					
DATE AND TIME <u>05/11/2022 15:45:06</u> ☑ DETECTOR									
☑ PROGRAM  ☑ FILTER 1									
SAMPLE CHAMBER 48.8°C   □ FILTER 2									
■ BREATH	☑ BREATH TUBE 48.1°C ☑ FILTER 3								
☑ PUMP	■ PUMP   INTERNAL STANDARD								
BREATH ANAL	YZER ACCU	RACY STANDARDS	3						
SIMULA	☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE								
STANDARD	SUPPLIER_I	NTOXIMETERS	LOT	#_AG0195	502	EXP. DATE_	07/13/2022		
☐ SIMULATOR	R TEMP (34°C	± 0.2°C)	SIM. S	SN	SI	M. NIST EXP DAT	E		
of .005 or les ☑ 0.10 ☐ 0.08	ss. Mark the b % STANDARI % STANDARI	(ONLY ONE STAND Indard. All three tests ox corresponding to t O - MUST READ BET O - MUST READ BET O - MUST READ BET	the standard being FWEEN 0.095% A	g used. AND 0.105% AND 0.084%	6 INCLUSIVE	must have a sprea	u		
TEST 1: 0.101	TEST 1: 0.101			EST 2: 0.101			TEST 3: 0.101		
☑ PERFORM F	R.F.I. TEST								
INDICATE THE	NUMBER OF	BREATH TESTS II	N THE FOLLOW	ING RANG	ES SINCE THE	LAST MAINTEN	ANCE REPORT:		
REFUSALS: 2	004:	.05	509: 1	.1014:	0	.1519: 0	OVER .19: 0		
LIST ANY NEW PARTS ESTABLISHED LIMITS (I	AND DESCRIBE ANN	/ ALTERATION OR MODIFICA NECESSARY)	ITION THAT WAS MADE	TO RESTORE TH	HE INSTRUMENT TO O	PERATE SATISFACTORILY	AND WITHIN		
t.				Library Marie Anna	Table 1				
INSPECTING O	FFICER		_	PRINT FUL SCO	L NAME TT PATRICL				
TYPE II PERMIT NUMBE 220136	R		05/11/2024		TELEPHONE NUMB	ER			
RETURN COMF	PLETED REPO	Diea	th Alcohol Progra ail, fax, or email	m, Missouri	Department of h	Health and Senior S	Services		
MO 580-2898 (5-19)	O 580-2898 (5-19)  AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER						LAB-166		

# Airgas.

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: 15-Jul-2020

Lot # AG019502 Model 108cacd

Exp. Date 13-Jul-2022

Cyl. Type

Component

Certified Concentration

108

Ethanol Nitrogen

0.100 ± 2% BrAC (260 ppm)

Balance

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

RGM Serial No. EB0010581 EB0010570 EB0010285 EB0010561 EB0010681

CRM Serial No.

CC434668

CC234503

Concentration 392.1 ppm 259.8 ppm

208.0 ppm

103.6 ppm 52.12 ppm

Concentration 800.0 ppm 253.0 ppm

RGM Serial No. EB0010603 EB0010559 EB0010595

EB0010562

0056662

EB0010579 CRM Serial No. 0056649

393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm

Concentration

Concentration 390.1 ppm 150.2 ppm

Analytical Method:

NDIR

Ofgitzily signed by Quality Control Date: 2020,07.15 14:50:01 -05:00 Reason: Dry gas standard certification of analysis Location: Airges USA LLC (Lab)

Approved for Release:

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07

Page 1 of 1



and operate the following breath analyzer(s):

#### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



LAB-4 (R5-10)

# PERMIT TYPE || SCOTT E. PATRICK

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs,

#### 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 RSM	
DATE5/11/2022	Laura & Nay
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 220136	Daves I. nichelson
EXPIRES 5/11/2024	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (5-10)

