#### RECEIVED

By Tracy Crews at 9:10 am, Sep 14, 2022



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

#### INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the regular monthl Complete this report whenever the instrument is serv Retain the original and send a copy within 15 days to	riced or repaired and whenever	it is placed into service.		
INTOX DMT SN 500261  NAME OF AGENCY Lake Ozark Police	DATE OF INSPECTION 08/21/2022			
LOCATION OF INSTRUMENT (STREET AND CITY) 3162 Bagnell Dam Boulevard, Lake Ozark	TIME OF INSPECTION 21:04:22			
CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be	if found to be satisfactory or is corrected before using instrum	pperating within established limits. ent.	(Write in observed	
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>08/21/2022 21:04:24</u>	☑ DETECT	CTOR		
⊠ PROGRAM	☑ FILTER	R 1		
SAMPLE CHAMBER 48.7°C				
☑ BREATH TUBE 47.8°C	☑ FILTER	₹3		
☑ PUMP	■ INTERI	NAL STANDARD		
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD	☑ COMP	RESSED ETHANOL-GAS MIXTL	JRE	
☐ STANDARD SUPPLIER INTOXMETERS	LOT#_AG21100	EXP. DATE_	04/20/2024	
SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DAT		
<ul> <li>□ CALIBRATION CHECK - (ONLY ONE STAND Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to t</li> <li>□ 0.10% STANDARD - MUST READ BET</li> <li>□ 0.08% STANDARD - MUST READ BET</li> <li>□ 0.04% STANDARD - MUST READ BET</li> </ul>	the standard being used. FWEEN 0.095% AND 0.105% I FWEEN 0.076% AND 0.084% I	NCLUSIVE NCLUSIVE	<b>~</b>	
TEST 1: 0.102 TE	ST 2: 0.101	TEST 3: 0.101		
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
	509: 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)  new dry gas				
INSPECTING OFFICER SIGNATURE  TYPE II PERMIT NUMBER 220136	PRINT FULL I SCOTT EXPIRATION DATE 05/11/2024	NAME FPATRICK TELEPHONE NUMBER 573-369-2341		
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-Apr-2022

Lot # AG211003 Model 108

Exp Date 20-Apr-2024 Cyl. Type

Component

**Certified Concentration** 

108

Ethanol

 $0.100 \pm 2\%$  BrAC (260 ppm)

Nitrogen

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 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 Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:04.28.2022 15:29

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 SCOTT E. PATRICK

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.

DATE5/11/2022	Laura & Nay		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER <b>220136</b>			
EXPIRES 5/11/2024	Davla I. Nichelson		
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		

MO 580-0771 (6-10)

LAB-4 (R6-10)



INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operale an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator PATRICK, SCOTT Permit No 220136

Date Issued 5/11/2022

2 Date Expires 5/11/2024

