\$tate of Missouri 5738409139 12/04/2022 07:48PM Pg 02/04

By Tracy Crews at 12:31 pm, Dec 06, 2022 **BECEINED**



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

- MANY INTOX DIVITINIATINIEN	ANCE REPORT			REPORT#
Complete this report at the time of the regul Complete this report whenever the instrume Retain the original and send a copy within 1	nt is serviced or repaired and	d whenever it is plac		
INTOX DMT SN NAME OF AGENCY 500263 Troy Police Department			DATE OF INSPECTION 12/04/2022	
LOCATION OF INSTRUMENT (STREET AND CITY) 800 Cap-A-Gris, Troy			TIME OF INSPECTION 19:32:46	
CHECKLIST: Place a mark in the box by ea values where determined). Unmarked items	ach item if found to be satisfa must be corrected before us	actory or is operating	within established limit	s. (Write in observed
☑ DIAGNOSTIC RECORD			11 = 111 = -	
DATE AND TIME 12/04/2022 19:32	::48_	DETECTOR		
☑ PROGRAM		☑ FILTER 1		
☑ SAMPLE CHAMBER 48.7°C		☑ FILTER 2		(1 HI) L
☑ BREATH TUBE 48.1°C	·	☑ FILTER 3		
X PUMP	, n <u>-</u>	☑ INTERNAL STA	ANDARD	
BREATH ANALYZER ACCURACY STAN	DARDS		10	(I. I.) - (I.) I.
☐ SIMULATOR STANDARD	11.5	☑ COMPRESSE	ETHANOL-GAS MIXT	'URE
☑ STANDARD SUPPLIER INTOXIMET	ERS LOT#	AG130104	EXP. DATE	10/28/2023
SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DA	TE
□ CALIBRATION CHECK - (ONLY ONE Run three tests using a standard. All throf .005 or less. Mark the box correspon □ 0.10% STANDARD - MUST RE □ 0.08% STANDARD - MUST RE □ 0.04% STANDARD - MUST RE	ding to the standard being u EAD BETWEEN 0,095% AN EAD BETWEEN 0.076% AN	sed. D 0.105% INCLUSI D 0.084% INCLUSI	VE VE	ad
TEST 1: 0,100			TEST 3: 0.099	
PERFORM R.F.I, TEST				
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLOWIN	G RANGES SINCI	THE LAST MAINTEN	NANCE REPORT:
REFUSALS: 0 004: 0	.0509: 1	.1014: 0	.1519; 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OF ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	R MODIFICATION THAT WAS MADE TO	RESTORE THE INSTRUME	NT TO OPERATE SATISFACTORII	Y AND WITHIN
INSPECTING OFFICER				
SIGNATURE 147		PRINT FULL NAME TODD PLUMB		
TYPE PERMIT NUMBER 210264	EXPIRATION DATE 11/18/2023	TELEPHONE	NUMBER 28-4725	<u> </u>
RETURN COMPLETED REPORT TO TH				Services
MO 580-2898 (5-19)	AN EQUAL OPPORTUNITY/AF	FIRMATIVE ACTION EMPLO	YER	LA8-166

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

Test Date: 1-Nov-2021

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

Lot # AG130104 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

28-Oct-2023 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	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	
CC434668	800.0 ppm	0056649	390.1 ppm	
CC234503	253.0 ppm	0056662	150.2 ppm	

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Afrges USA LLC (Lab) Date:11.05.2021 11:46

Approved for Release:

ISO 17025:2017 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 TODD PLUMB

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

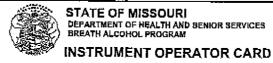
NUMBER 210264

EXPIRES 11/18/2023

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENJOR SERVICES

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 a In Missouri.

Operator PLUMB, TODD Permit No 210264

Date Issued 11/18/2021 Date Expires 11/18/2023



573-840-9139