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By Tracy Crews at 7:36 am, Feb 22, 2023



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 mon Complete this report whenever the instrument is se Retain the original and send a copy within 15 days	erviced or repaired and	whenever it is placed				
NAME OF AGENCY Desloge P.D.			DATE OF INSPECTION 12/08/2022			
LOCATION OF INSTRUMENT (STREET AND CITY) 1000 N. Desloge Dr., Desloge, MO			TIME OF INSPECTION 12:30:02			
CHECKLIST: Place a mark in the box by each iter values where determined). Unmarked items must be	n if found to be satisfa	ctory or is operating wing instrument.	thin established limits. (V	Vrite in observed		
☑ DIAGNOSTIC RECORD						
DATE AND TIME 12/08/2022 12:30:04 ☑ DETECTOR						
☑ PROGRAM ☑ FILTER 1						
☑ SAMPLE CHAMBER 48.7°C ☑ FILTER 2						
☑ BREATH TUBE 46.2°C ☑ FILTER 3						
■ PUMP ■ INTERNAL STANDARD						
BREATH ANALYZER ACCURACY STANDARD	S					
☐ SIMULATOR STANDARD		☑ COMPRESSED E	THANOL-GAS MIXTUR	E		
	LOT#_	AG133405	EXP. DATE 11	1/30/2023		
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE			
of .005 or less. Mark the box corresponding to ☑ 0.10% STANDARD - MUST READ BE ☐ 0.08% STANDARD - MUST READ BE ☐ 0.04% STANDARD - MUST READ BE	ETWEEN 0.095% AN ETWEEN 0.076% AN	D 0.105% INCLUSIVE D 0.084% INCLUSIVE				
TEST 1: 0.102 TEST 2: 0.101			TEST 3: 0.101			
PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWIN	G RANGES SINCE T	HE LAST MAINTENAN	NCE REPORT:		
	0509: 0	.1014: 0	.1519: 0	OVER .19: 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	CATION THAT WAS MADE TO	RESTORE THE INSTRUMENT T	O OPERATE SATISFACTORILY AN	ND WITHIN		
INSPECTING OFFICER SIGNATURE		PRINT FULL NAME				
TYPE II PERMIT NUMBER	EXPIRATION DATE	LORALEE BADE				
220064	02/25/2024	573-431-				
	ath Alcohol Program, mail, fax, or email	Missouri Department	of Health and Senior Ser	vices		



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Pb. (314) 523 3100

Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Customer Name Test Date: 1-Dec-2021

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

Lot # AG133405 **Model** 108

Exp DateCyl. TypeComponentCertified Concentration30-Nov-2023108Ethanol
Nitrogen0.100 ± 2% BrAC (260 ppm)

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

Approved for Release: Norl Marsula

Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07