

#### 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 mor Complete this report whenever the instrument is so Retain the original and send a copy within 15 days	erviced or repaired and whenever	r it is placed into service.		
INTOX DMT SN NAME OF AGENCY  500011 Richmond He	07/15/2024			
LOCATION OF INSTRUMENT (STREET AND CITY) 7447 Dale Avenue, Richmond Heights MO 63117		TIME OF INSPECTION 07:06:58		
CHECKLIST: Place a mark in the box by each ite values where determined). Unmarked items must	m if found to be satisfactory or is be corrected before using instru	operating within established limit nent.	s. (Write in observed	
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>07/15/2024 07:07:01</u>	□ DETE	CTOR		
☑ PROGRAM ☑ FILTER 1				
☑ SAMPLE CHAMBER 48.7°C ☑ FILTER 2				
☑ BREATH TUBE 47.8°C   ☑ FILTER 3				
☑ PUMP				
BREATH ANALYZER ACCURACY STANDARD	os			
☐ SIMULATOR STANDARD	⊠ COM	PRESSED ETHANOL-GAS MIX	TURE	
	LOT#_AG2229	002 EXP. DATE	10/17/2024	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DA	ATE	
<ul> <li>☑ CALIBRATION CHECK - (ONLY ONE STAIR Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to 0.10% STANDARD - MUST READ B</li> <li>☐ 0.08% STANDARD - MUST READ B</li> <li>☐ 0.04% STANDARD - MUST READ B</li> </ul>	o the standard being used. ETWEEN 0.095% AND 0.105% ETWEEN 0.076% AND 0.084%	INCLUSIVE	:	
TEST 1: 0.098	TEST 2: 0.098	TEST 3: 0.098	TEST 3: 0.098	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
REFUSALS: 0 004: 1 .	0509: 0 .1014:	0 .1519: 0	OVER .19: 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIF ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ICATION THAT WAS MADE TO RESTORE TH	E INSTRUMENT TO OPERATE SATISFACTOR	ILY AND WITHIN	
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER	EXPIRATION DATE	GOODMAN TELEPHONE NUMBER		
	reath Alcohol Program, Missouri r mail, fax, or email	314-655-3630  Department of Health and Senior	r Services	



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: 18-Oct-2022 Exp. Date: 17-Oct-2024

Lot # AG229002 Tank No. 003 Cylinder Type 108 Model 108cacd

Actual

Component Ethanol Nitrogen

Requested Concentration

260 ppm (0.100 BrAC)

Concentration 259.2 ppm (0.0995 BrAC) **Total Relative** Uncertainty

±1.5%

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

Balance

RGM Serial No. Concentration EB0010581 392.1 ppm EB0010570 259.8 ppm EB0010285 208.0 ppm EB0010561 103.6 ppm EB0010681 52.12 ppm

Concentration EB0010603 EB0010559 EB0010595 EB0010562 EB0010579

RGM Serial No.

393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm

CRM Serial No. CC434668 CC234503

Concentration 800.0 ppm 253.0 ppm

CRM Serial No. 0056649 0056662

Concentration 390.1 ppm 150.2 ppm

Analytical Method: NDIR

This cylinder has been analytically certified as directly traceable to NIST with a total analytical uncertainty as stated above with a confidence level of 95%, in accordance with Airgas ISO procedures. There are no significant impurities which affect the use of this calibration mixture. All concentrations are on a volume/volume basis unless otherwise noted.

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:10.18.2022 17:00

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

## **CARL GOODMAN**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

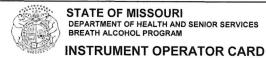
### **INTOX DMT**

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.

DATE9/22/2023	Mike Massure		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 230208			
EXPIRES 9/22/2025	Davea I. Nichelson		
10 500 6774 (0.40)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		

MO 580-0771 (6-10)

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 ai in Missouri.

Operator GOODMAN, CARL

Permit No 230208

Date Issued 9/22/2023 Date Expires 9/22/2025

