

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

## INTOX DMT MAINTENANCE REPORT

REPORT #1

111107101111111111111111111111111111111					
Complete this report at the time of the regular month Complete this report whenever the instrument is serv Retain the original and send a copy within 15 days to	riced or repaired and whe	never it is placed into	• '		
NAME OF AGENCY 500063 Missouri State Highway Patrol			DATE OF INSPECTION 06/08/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) Pike County Sheriff's Office, Bowling Green, MO			TIME OF INSPECTION 21:53:03		
CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be	if found to be satisfactory corrected before using in	or is operating withir strument.	n established limits. (W	Vrite in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME 06/08/2024 21:53:06					
☑ PROGRAM ☑ FILTER 1					
SAMPLE CHAMBER 48.7°C					
☑ BREATH TUBE 44.2°C		ILTER 3			
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDARDS	3				
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE					
☐ STANDARD SUPPLIER INTOXIMETERS	LOT# <u>AG</u>	335303	EXP. DATE12	2/19/2025	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	S	IM. NIST EXP DATE		
□ CALIBRATION CHECK - (ONLY ONE STAND Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to to .0.10% STANDARD - MUST READ BETO .0.08% STANDARD - MUST READ BETO .0.04% STANDARD - MUST READ .0.04% STANDARD .0.04% STANDAR	the standard being used. TWEEN 0.095% AND 0.1 TWEEN 0.076% AND 0.0	05% INCLUSIVE 184% INCLUSIVE	l must have a´spread		
TEST 1: 0.099	TEST 2: 0.099		TEST 3: 0.099		
☑ PERFORM R.F.I. TEST			<u></u>		
INDICATE THE NUMBER OF BREATH TESTS I	N THE FOLLOWING RA	ANGES SINCE THE	E LAST MAINTENAN	NCE REPORT:	
REFUSALS: 0 004: 0 .05	509: <b>0</b> .10	14: 0	.1519: <b>0</b>	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC/ ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)  INSPECTING OFFICER	ATION THAT WAS MADE TO RESTO	RE THE INSTRUMENT TO O	PERATE SATISFACTORILY AN	ND WITHIN	
SIGNATURE	PRI	IT FULL NAME	//-		
TYPE II PERMIT NUMBER 230301	EXPIRATION DATE 12/11/2025	NEL PALISLAMO\ TELEPHONE NUMB 636-300-28	ER		
RETURN COMPLETED REPORT TO THE Brea	ath Alcohol Program, Miss nail, fax, or email			rvices	



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: 19-Dec-2023

**Lot #** AG335303 **Model** 108

**Exp Date** 19-Dec-2025 Cyl. Type

Component

**Certified Concentration** 

108

Ethanol Nitrogen  $0.100 \pm 2\%$  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	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 799.4 ppm

**CRM Serial No.** 

Concentration

CC727481 CC727496

253.4 ppm

CC727493 CC727498 389.8 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:12.21.2023 20:20

Approved for Release:

Yusef Woods

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