

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

RECEIVED By Tracy Grews at 10:12 am, Ji

INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the regular Complete this report whenever the instrument Retain the original and send a copy within 15 or	is serviced or repaired and days to the Breath Alcohol F	whenever it is placed ir	to service.		
	e Police Department	.*	DATE OF INSPECTION 06/03/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)  Walnut Street			TIME OF INSPECTION 09:18:32		
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.					
☑ DIAGNOSTIC RECORD					
DATE AND TIME <u>06/03/2024 09:18:3</u>	] DETECTOR				
☑ PROGRAM	FILTER 1				
☐ SAMPLE CHAMBER 48.7°C ☐ ☐ FILTER 2					
☑ BREATH TUBE 46.7°C					
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDARDS					
☐ SIMULATOR STANDARD	Σ	COMPRESSED ET	HANOL-GAS MIXTURE		
☑ STANDARD SUPPLIER INTOXIMETE	RS LOT#_/	AG318703	EXP. DATE <u>07/0</u> 6	3/2025	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN_		SIM. NIST EXP DATE		
<ul> <li>□ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)         Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used.</li> <li>□ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</li> <li>□ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</li> <li>□ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</li> </ul>					
TEST 1: 0.097	TEST 2: 0.097		TEST 3: 0.097		
☑ 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: 3	.1014: 0	.1519: 1	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)  maintanance for June					
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME SAMUEL J WRIGH	НT		
TYPE II PERMIT NUMBER 230330	EXPIRATION DATE 12/21/2025	TELEPHONE NUM 660-646-2		ý	
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: 8-Jul-2023

**Lot #** AG318703 **Model** 108

**Exp Date** 6-Jul-2025

Cyl. Type 108

Component

**Certified Concentration** 

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

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

**RGM Serial No.** Concentration EB0010581 391.8 ppm EB0010570 259.8 ppm EB0010285 209.0 ppm 103.7 ppm EB0010561 EB0010681 52.22 ppm

**RGM Serial No.** EB0010603 EB0010559

Concentration 392.5 ppm 258.9 ppm

EB0010562 EB0010579

104.2 ppm 52.94 ppm

**CRM Serial No.** 

Concentration

CRM Serial No.

Concentration

CC727481 CC727496 800.0 ppm 253.0 ppm CC727493 CC727498 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:07.10.2023 14:38

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

## **SAMUEL WRIGHT**

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 de	termination of the alcoholic content of blood from a sa	mple of expired air. Permit issued under the provisions of sections
	through 577.041, RSMo and 306.111 through 306.11	
		Mike Massur
DATE	12/21/2023	/ (Me / lassmi
D/((L		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	230330	
EXPIRES 12/21/2	12/21/2025	Davla J. Nichelson
	12/21/2025	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 air in Missouri.

Operator WRIGHT, SAMUEL

Permit No 230330 Date Issued 12/21/2023

Date Expires 12/21/2025

