

MISSOURI DEPARTMENT OF HEALTH AND SENIOR RECEIVED BREATH ALCOHOL PROGRAM

INTOX DMT MAINTENANCE REPORT

By Tracy Crews at 7:56 am, Jul 26, 2024

		- time of the seculor man	Al- I.				REPORT #
		e time of the regular mon never the instrument is se nd a copy within 15 days				eed 35 days). nto service.	
5002	IT SN	NAME OF AGENCY SIKESTON DI				DATE OF INSPECTION	
LOCATION OF INSTRUMENT (STREET AND CITY) 201 S. KINGSHIGHWAY SIKESTON,MO 63801						07/26/2024 TIME OF INSPECTION	
CHECKLIST: Place a mark in the box by each item if found to be satisfactory as in							
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed DIAGNOSTIC RECORD							
DATE AND TIME 07/26/2024 06:57:04							
☑ PROGRAM					DETECTOR		
	SAMPLE CHAMI	BER 48 7°C		X	FILTER 1		
	BREATH TUBE			$\boxtimes$	FILTER 2		
	PUMP	40.1 C			FILTER 3		
BREATH ANALYZER ACCURACY STANDARDS						DARD	
☐ SIMULATOR STANDARD							
		ER INTOXIMETERS				THANOL-GAS MIXTURI	E
	JLATOR TEMP		3	LOT# A	3320002	EXP. DATE <u>07</u>	7/19/2025
			ANDARDICT	SIM. SN_		SIM. NIST EXP DATE_	
□ 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     □ 0.05 or less. Mark the box corresponding to the standard being used.     □ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE     □ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE     □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE							
TEST 1: 0.100			TEST 2: 0.10	00		TEST 3: 0.100	
☑ PERFORM R.F.I. TEST							
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:							
REFUS	SALS: 0	004: <b>0</b>	.0509: <b>0</b>		1014: <b>0</b>	.1519: <b>0</b>	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)  Placed back into service after housekeeping of area							
INSPECTING OFFICER  PRINT FULL NAME DANIEL E JO						NSON	
TUF	RE O JUH	1	EYDIRA	TION DATE	TELEPHONE NUMBER 573-471-4711		
	1IT NUMBER				Missouri Departmen	nt of Health and Senior Ser	vices
	MPLETE	D REPORT TO THE	Breath Alcoh	or email			LAB-16



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: 20-Jul-2023

Lot # AG320002 Model 108

**Exp Date** 19-Jul-2025

Cyl. Type 108

Component

Ethanol Nitrogen **Certified Concentration** 

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 EB0010561 103.7 ppm EB0010681 52.22 ppm

RGM Serial No. EB0010603 EB0010559 EB0010562

Concentration 392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

CRM Serial No. CC727481 CC727496

Concentration 800.0 ppm 253.0 ppm

CRM Serial No. CC727493 CC727498

EB0010579

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Atrgas USA LLC (Lab) Date:07.20.2023 17:18

Approved for Release:

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06

ISO 17034:2016 A2LA accredited. Certificate Number 3082.07