

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

INTOX DMT MAINTENANCE REPORT

REPORT #1

William CV DIALL MINITEL	MANCE REPORT					
Complete this report at the time of the regu Complete this report whenever the instrum Retain the original and send a copy within	ent is serviced or repaired ar	id whenever it is placed i				
NAME OF AGENCY 500280 Hillsboro PD			DATE OF INSPECTION 07/26/2024			
LOCATION OF INSTRUMENT (STREET AND CITY) 101 Main St. Hillsboro			TIME OF INSPECTION 20:33:42			
CHECKLIST: Place a mark in the box by ϵ values where determined). Unmarked item	each item if found to be satis s must be corrected before u	actory or is operating wising instrument.	thin established limits. (W	/rite in observed		
☑ DIAGNOSTIC RECORD						
DATE AND TIME <u>07/26/2024 20:3</u>	3:44	☑ DETECTOR				
☑ PROGRAM	RECEIVED	☐ FILTER 1				
☑ SAMPLE CHAMBER 48.7°C	By Tracy Crews at	9.53 am Aug 09	2024			
☑ BREATH TUBE 43.9°C		A FILTER 3	, 2027			
☑ PUMP ☑ INTERNAL STANDARD						
BREATH ANALYZER ACCURACY STA	NDARDS					
☐ SIMULATOR STANDARD		☑ COMPRESSED E	THANOL-GAS MIXTURE	E		
☑ STANDARD SUPPLIER INTOXIME	TERS LOT#	AG314401	EXP. DATE <u>05</u>	5/24/2025		
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SI	N	SIM. NIST EXP DATE			
 ☑ CALIBRATION CHECK - (ONLY ON Run three tests using a standard. All the of .005 or less. Mark the box correspond 0.10% STANDARD - MUST Run	onding to the standard being READ BETWEEN 0.095% A READ BETWEEN 0.076% A	used. ND 0.105% INCLUSIVE ND 0.084% INCLUSIVE	na mast have a spicad			
TEST 1: 0.077	TEST 2: 0.077		TEST 3: 0.076			
PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLLOWI	NG RANGES SINCE T	HE LAST MAINTENAN	ICE REPORT:		
REFUSALS: 0 004: 47	.0509: 1	.1014: 6	.1519: 4	OVER .19: 10		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION (ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	OR MODIFICATION THAT WAS MADE TO	O RESTORE THE INSTRUMENT TO	O OPERATE SATISFACTORILY AN	D WÎTHIN		
INSPECTING OFFICER						
SIGNATURE		PRINT FULL NAME B M BEARD				
TYPE II PERMIT NUMBER 230290	EXPIRATION DATE 12/11/2025	TELEPHONE NU 636-300-2				
RETURN COMPLETED REPORT TO TI	HE Breath Alcohol Program by mail, fax, or email	n, Missouri Department c	of Health and Senior Serv	rices		



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100

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: 24-May-2023

Lot # AG314401 **Model** 108

Exp Date 24-May-2025

Cyl. Type 108 **Component** Ethanol **Certified Concentration**

 0.080 ± 0.002 BrAC (208.4 ppm)

Nitrogen

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
ED0040604	E2 22 nnm		

EB0010681 52.22 ppm

 CRM Serial No.
 Concentration

 CC727481
 800.0 ppm

 CC727496
 253.0 ppm

CRM Serial No. CC727493 CC727498 Concentration 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 05 24.2023 17:28

Approved for Release:

Rod Marsala

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



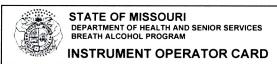
PERMIT TYPE II BRYAN BEARD

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. DATE 12/11/2023 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY EXPIRES 12/11/2025 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 ai in Missouri

Operator BEARD, BRYAN

Permit No 230290

