

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 r Complete this report whenever the instrument i Retain the original and send a copy within 15 d	is serviced or repaired and	whenever it is placed in		
INTOX DMT SN NAME OF AGENCY West Plains		DATE OF INSPECTION 04/30/2020		
LOCATION OF INSTRUMENT (STREET AND CITY) West Plains PD, 1912 Holiday Lane, We		TIME OF INSPECTION 08:59:40		
CHECKLIST: Place a mark in the box by each values where determined). Unmarked items mu	item if found to be satisfac ust be corrected before usi	ctory or is operating with ng instrument.	in established limits. (W	rite in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>04/30/2020 08:59:43</u>	☑ DETECTOR	I DETECTOR		
☑ PROGRAM □		I FILTER 1		
SAMPLE CHAMBER 49.0°C				
☑ BREATH TUBE 43.8°C ☑ FILTER 3				
⊠ PUMP	INTERNAL STANDARD			
BREATH ANALYZER ACCURACY STANDA	ARDS			
☐ SIMULATOR STANDARD		COMPRESSED ETHANOL-GAS MIXTURE		
☑ STANDARD SUPPLIER INTOXIMETER	₹S LOT#	AG907710	EXP. DATE <u>03</u> /	/18/2021
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIMULAT	OR SN	SIMULATOR EXP DATE	=
□ CALIBRATION CHECK - (ONLY ONE STRUM three tests using a standard. All three of .005 or less. Mark the box correspondin □ 0.10% STANDARD - MUST REAL □ 0.08% STANDARD - MUST REAL □ 0.04% STANDARD - MUST REAL	ng to the standard being us D BETWEEN 0.095% AND D BETWEEN 0.076% AND	sed. D 0.105% INCLUSIVE D 0.084% INCLUSIVE	d must have a spread	· .
TEST 1: 0.101	TEST 2: 0.101		TEST 3: 0.101	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TES	STS IN THE FOLLOWING	RANGES SINCE TH	E LAST MAINTENANG	CE REPORT:
REFUSALS: 0 004: 0	.0509: 1	.1014: 0	.1519: 1	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MO ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	DDIFICATION THAT WAS MADE TO R	ESTORE THE INSTRUMENT TO	OPERATE SATISFACTORILY AND) WITHIN
INSPECTING OFFICER				
SIGNATURE 1567		PRINT FULL NAME BRANDON ROMAI	vs	*
TYPE II PERMIT NUMBER 280321	EXPIRATION DATE 11/16/2020	TELEPHONE NUME 417-256-22		
RETURN COMPLETED REPORT TO THE	Breath Alcohol Program, I Southeast District Office 2875 James Blvd, Poplar	•	th and Senior Services	
MO 580-2898 (3-13)		IRMATIVE ACTION EMPLOYER		LAR 166



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-Mar-2019

Lot # AG907710 Model 108cacd

Exp. Date 18-Mar-2021 Cyl. Type 108

Component Ethanol

Certified Concentration $0.100 \pm 2\%$ BrAC (260 ppm)

Nitrogen

Balance

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

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

CRM Serial No. Concentration CC434668 800.0 ppm CC234503 253.0 ppm

RGM Serial No. EB0010603 EB0010559 EB0010595 EB0010562 EB0010579

208.3 ppm 104.2 ppm 52.81 ppm

CRM Serial No. 0056649 0056662

Concentration 390.1 ppm 150.2 ppm

Concentration

393.0 ppm

258.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2019.03.20 11:13:55 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

ISO 17025:2005 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

BRANDON ROMANS

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

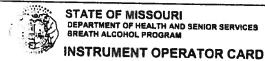
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE11/16/2018	wante
NUMBER 280321	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 11/16/2020	El Wille

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

1 AB-4 (R6 10)



The named cardholder is authonzed to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired a in Missouri.

Operator ROMANS, BRANDON Permit No 280321

Date Issued 11/16/2018 Date Expires 11/16/2020

