



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

THE TOTAL DIVITION OF THE PROPERTY OF	TALL OIL			The state of the s
Complete this report at the time of the regular month Complete this report whenever the instrument is sen Retain the original and send a copy within 15 days to	viced or repaired and	whenever it is placed in	eed 35 days). to service.	
NAME OF AGENCY 500213 West Plains Police Department			06/30/2020	
LOCATION OF INSTRUMENT (STREET AND CITY)  West Plains PD, 1912 Holiday Lane, West Plains, Mo			TIME OF INSPECTION 12:27:44	
CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be	if found to be satisface corrected before usi	ctory or is operating with ng instrument.	in established limits. (	Write in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>06/30/2020 12:27:47</u>	DETECTOR			
☑ PROGRAM ☑ FILTER 1				
SAMPLE CHAMBER 48.9°C				
☑ BREATH TUBE 44.0°C ☑ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS	;			
☐ SIMULATOR STANDARD		I COMPRESSED ETH	HANOL-GAS MIXTUR	₹E
STANDARD SUPPLIER INTOXIMETERS	LOT#	AG907710	EXP. DATE 0	3/18/2021
SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. 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 t     □ 0.10% STANDARD - MUST READ BET     □ 0.08% STANDARD - MUST READ BET	he standard being us 「WEEN 0.095% AND 「WEEN 0.076% AND	ed. 0 0.105% INCLUSIVE 0 0.084% INCLUSIVE	• • • • • • • • • • • • • • • • • • • •	
TEST 1: 0.102 TE	ST 2: 0.100		TEST 3: 0.100	
PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN	N THE FOLLOWING	RANGES SINCE TH	E LAST MAINTENAN	NCE REPORT:
REFUSALS: 0 004: 0 .05	i09: <b>0</b>	.1014: 1	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICAL ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	TION THAT WAS MADE TO R	ESTORE THE INSTRUMENT TO C	PERATE SATISFACTORILY A	ND WITHIN
INSPECTING OFFICER				
SIGNATURE		PRINT FULL NAME  KYLE PARRISH		
TYPE II PERMIT NUMBER 280314	EXPIRATION DATE 11/07/2020	TELEPHONE NUMB	ER	
RETURN COMPLETED REPORT TO THE Breat by ma	th Alcohol Program, N ail, fax, or email	Missouri Department of I	Health and Senior Ser	vices



#### 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

Component Ethanol Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Nitrogen

Balance

Madgett

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.
 Concentration

 EB0010603
 393.0 ppm

 EB0010559
 258.2 ppm

 EB0010595
 208.3 ppm

 EB0010562
 104.2 ppm

 EB0010579
 52.81 ppm

 CRM Serial No.
 Concentration

 0056649
 390.1 ppm

 0056662
 150.2 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:** 

Norl Marsola Rod Marsala

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** 



# TYPE II

# KYLE PARRISH

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.	
DATE11/7/2018	won
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 280315	-
EXPIRES 11/7/2020	for white
	RECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
MO 580-0771 (6-10)	LAB-4 (P6-10)

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

PARRISH, KYLE Operator Permit No 280315

Date Issued 11/7/2018 Date Expires 11/7/2020

