

By Tracy Crews at 10:03 am, Mar 30, 2020



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

***** INTOX DIVITIVALIATION	OL ILI OILI					
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 repai	ired and whenever i	t is placed in			
NAME OF AGENCY 500273 Willow Springs Police Department				03/30/2020		,
LOCATION OF INSTRUMENT (STREET AND CITY) W. Main Willow Springs				TIME OF INSPECTION 05:45:17		
CHECKLIST: Place a mark in the box by each values where determined). Unmarked items mu	item if found to be ust be corrected be	e satisfactory or is o	perating with	in established limits	s. (Write in observed	
☑ DIAGNOSTIC RECORD						
DATE AND TIME 03/30/2020 05:45:19						
☑ PROGRAM			1			
☑ SAMPLE CHAMBER_48.8°C			2			
☑ BREATH TUBE 47.2°C		☑ FILTER	3			
X PUMP			IAL STANDA	ARD		
BREATH ANALYZER ACCURACY STANDA	ARDS					
☐ SIMULATOR STANDARD		☑ COMPR	ESSED ETI	HANOL-GAS MIXT	TURE .	
☑ STANDARD SUPPLIER INTOXIMETER	RS l	LOT# <u>AG90881</u>)	EXP. DATE	03/18/2021	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	s	MULATOR SN		SIMULATOR EXP	DATE	
 \[\begin{align*} \text{CALIBRATION CHECK - (ONLY ONE S' Run three tests using a standard. All three of .005 or less. Mark the box correspondir \[\begin{align*} 0.10% STANDARD - MUST READ \] \[ng to the standard O BETWEEN 0.09 O BETWEEN 0.07	being used. 95% AND 0.105% If 6% AND 0.084% If	NCLUSIVE NCLUSIVE	d must have a spre	ead	
TEST 1: 0.101 TEST 2: 0.100			TEST 3: 0.100			
☑ PERFORM R.F.I. TEST	1			1		
INDICATE THE NUMBER OF BREATH TES	STS IN THE FOLI	OWING RANGES	SINCE TH	E LAST MAINTE	NANCE REPORT:	
REFUSALS: 0 004: 22	.0509: 0	.1014: 1	7 011102 171	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MO			NSTRUMENT TO			
ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) within specs						
INSPECTING OFFICER				n eest migst differen		
SIGNATURE		PRINT FULL N BRIAN I	^{AME} N JACKSOI	N	\$12.6 (CASA 54.75.5)	S. 430 11 (13)
TYPE II PERMIT NUMBER 290113	EXPIRATION 05/25/2	DATE T	ELEPHONE NUMI 417-469-3	BER		
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services Southeast District Office 2875 James Blvd, Poplar Bluff, MO 63901						



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 ± 2% BrAC (260 ppm)

Nitrogen

Balance

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm
ODM Contal No	0	ODM O Z-LNI-	0

CRM Serial No.	<u>Concentration</u>	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 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:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07