

RECEIVED By Tracy Crows at 11:07 am,

REPORT #1

Complete this report at the time of the regular month Complete this report whenever the instrument is serv Retain the original and send a copy within 15 days to	viced or repaired and w	henever it is placed in			
NAME OF AGENCY 500213 West Plains Police Department			DATE OF INSPECTION 03/17/2021		
LOCATION OF INSTRUMENT (STREET AND CITY) West Plains PD, 1912 Holiday Lane, West Plains, Mo			TIME OF INSPECTION 14:39:08		
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.					
☑ DIAGNOSTIC RECORD					
DATE AND TIME <u>03/17/2021 14:39:10</u>		DETECTOR			
☑ PROGRAM ☑ FILTER 1					
☑ SAMPLE CHAMBER 49.0°C ☑ FILTER 2					
☑ BREATH TUBE 46.6°C					
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDARDS					
☐ SIMULATOR STANDARD					
☑ STANDARD SUPPLIER INTOXIMETERS	LOT#_A	G907710	EXP. DATE 0	3/18/2021	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	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 of .005 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: 0.101 TE	ST 2: 0.100	TEST 3: 0.100			
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS: 0 004: 1 .05	509: 0	1014: 1	.1519: 1	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICA ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ITION THAT WAS MADE TO RES	STORE THE INSTRUMENT TO	OPERATE SATISFACTORILY AI	ND WITHIN	
INSPECTING OFFICER					
SIGNATURE SAME TO SERVICE SAME		PRINT FULL NAME BRANDON ROMANS			
TYPE II PERMITNOMBER 200281	11/12/2022	TELEPHONE NUM 417-256-2			
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email					



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

Cyl. Type

Component

Certified Concentration

18-Mar-2021

108

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

Concentration

393.0 ppm

258.2 ppm

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. CC434668

Concentration 800.0 ppm 253.0 ppm

RGM Serial No. EB0010603 EB0010559 EB0010595 EB0010562 EB0010579

208.3 ppm 104.2 ppm 52.81 ppm

CRM Serial No. Concentration 0056649 390.1 ppm 0056662 150.2 ppm

Analytical Method:

CC234503

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):

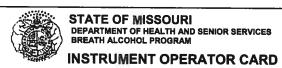
INTOX DMT

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.

or rises through or riser; realise and society through society hading.			
DATE	11/12/2020	wante	
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY	
NUMBER	200281		
EXPIRES	11/12/2022	El Ville	
		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 all in Missouri.

Operator ROMANS, BRANDON

Permit No 200281

Date Issued 11/12/2020 Date Expires 11/12/2022

