

#### 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 of Complete this report whenever the instrument Retain the original and send a copy within 15 complete.	is serviced or repaired and	d whenever it is place		
INTOX DMT SN NAME OF AGENCY 500213 West Plains Police Department			DATE OF INSPECTION 04/21/2021	
West Plains PD, 1912 Holiday Lane, We	est Plains, Mo		TIME OF INSPECTION 08:21:09	
CHECKLIST: Place a mark in the box by each values where determined). Unmarked items m	n item if found to be satisfa ust be corrected before us	ctory or is operating ing instrument.	within established limits. (V	Vrite in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME 04/21/2021 08:21:12				
☑ PROGRAM ☑		X FILTER 1		
☑ SAMPLE CHAMBER 49.1°C		☑ FILTER 2		
☑ BREATH TUBE 45.4°C	_	☑ FILTER 3		
<b>⊠</b> PUMP		☑ INTERNAL STA	NDARD	
BREATH ANALYZER ACCURACY STANDA	ARDS		· · · · · · · · · · · · · · · · · · ·	
☐ SIMULATOR STANDARD		☑ COMPRESSED	ETHANOL-GAS MIXTUR	E
STANDARD SUPPLIER INTOXIMETER	RS LOT#_	AG031504	EXP. DATE 11	1/10/2022
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE	
□ CALIBRATION CHECK - (ONLY ONE S' Run three tests using a standard. All three of .005 or less. Mark the box correspondir     □ 0.10% STANDARD - MUST REAL     □ 0.08% STANDARD - MUST REAL     □ 0.04% STANDARD - MUST REAL	ng to the standard being u D BETWEEN 0.095% AN D BETWEEN 0.076% AN	sed. D 0.105% INCLUSIV D 0.084% INCLUSIV	Æ	
TEST 1: 0.101	TEST 1: 0.101 TEST 2: 0.100		TEST 3: 0.100	
☑ PERFORM R.F.I. TEST	· · · · · · · · · · · · · · · · · · ·	· · · · · ·		
INDICATE THE NUMBER OF BREATH TES	STS IN THE FOLLOWIN	G RANGES SINCE	THE LAST MAINTENAN	ICE REPORT:
REFUSALS: 0 004: 6	.0509: 0	.1014: 0	.1519: 0	OVER .19: 2
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MO	ODIFICATION THAT WAS MADE TO I	RESTORE THE INSTRUMENT	TO OPERATE SATISFACTORILY AN	ID WITHIN
INSPECTING OFFICER				
SIGNATURE SAMO		PRINT FULL NAME BRANDON ROM	MANS	
TYPE II PERMIT NUMBER 200281	EXPIRATION DATE 11/12/2022	TELEPHONE N 417-256	IUMBER	
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: 16-Nov-2020

Lot # AG031504 Model 108cacd

Exp. Date 10-Nov-2022 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
EB0010581	392.1 ppm
EB0010570	259.8 ppm
EB0010285	208.0 ppm
EB0010561	103.6 ppm
EB0010681	52.12 ppm

CRM Serial No.	Concentration
CC727481	800.0 ppm
CC727496	253.0 ppm

RGM Serial No.
EB0010603
EB0010559
EB0010595
EB0010562
EB0010579

393.0	ppm
258.2	ppm
208.3	ppm
104.2	ppm
52.81	

Concentration

CRM Serial No.	<b>Concentration</b>
CC727493	390.0 ppm
CC727498	150.0 ppm

**Analytical Method:** 

**NDIR** 

Digitally signed by Quality Control
Date: 2020.11.17 16:08:19 -06:00
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



## 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.

577.020 through 577.041, how and 306.111 through 306.119 how	0.
DATE11/12/2020	want
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 200281	
EXPIRES 11/12/2022	for outles
	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 al in Missouri.

Operator ROMANS, BRANDON

Permit No 200281

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

