By Tracy Crews at 2:21 pm, Feb 01, 2021



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

	***** IMTOX DIVIT WATER	INVIACE LIFE	OKI				· ·		
Co	omplete this report at the time of the reg omplete this report whenever the instrur etain the original and send a copy withir	nent is serviced	or repaired and w	henever	it is placed into				
	FOX DMT SN NAME OF AI WIllow		DATE OF INSPECTION 02/01/2021						
LOC	CATION OF INSTRUMENT (STREET AND CITY) W. Main Willow Springs					TIME OF INSPECTION 09:37:51			
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.									
\vdash	☑ DIAGNOSTIC RECORD								
	DATE AND TIME 02/01/2021 09:	DATE AND TIME02/01/2021 09:37:53							
	☑ PROGRAM	☑ PROGRAM ☑ FILTER 1							
					I FILTER 2				
	☑ BREATH TUBE 48.1°C		X	FILTER	₹3				
	☑ PUMP		X	INTER	NAL STANDAI	RD			
BF	REATH ANALYZER ACCURACY STA	ANDARDS							
	☐ SIMULATOR STANDARD			COMP	RESSED ETH	ANOL-GAS MIXTU	JRE		
⊠	STANDARD SUPPLIER INTOXIME	ETERS	LOT#_A	G90881	0	EXP. DATE_	03/18/2021		
	SIMULATOR TEMP (34°C ± 0.2°C)_		SIM. SN		sı	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: 0.098 TEST 2			2: 0.098			TEST 3: 0.097			
X	PERFORM R.F.I. TEST								
INI	DICATE THE NUMBER OF BREATH	TESTS IN TH	E FOLLOWING	RANGE	S SINCE THE	LAST MAINTEN	ANCE REPORT:		
RE	EFUSALS: 0 004: 0	.0509:	0 .	1014: 0		.1519: 0	OVER .19: 0		
	T ANY NEW PARTS AND DESCRIBE ANY ALTERATION TABLISHED LIMITS (USE OTHER SIDE IF NECESSARY		HAT WAS MADE TO RES	STORE THE	INSTRUMENT TO OF	PERATE SATISFACTORILY	AND WITHIN		
	SPECTING OFFICER								
SIGNATURE				PRINT FULL NAME WES ELLISON					
	90080		PIRATION DATE 04/16/2021	Î	CELEPHONE NUMBE	ER			
RE	ETURN COMPLETED REPORT TO 1	Dieath Ait	cohol Program, M x, or email	issouri D	epartment of H	lealth and Senior S	ervices		



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

Certified Concentration

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

Balance

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

RGM Serial No.	<u>Concentration</u>	RGM Serial No.	<u>Concentration</u>
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
CRM Serial No.	Concentration	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



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



PERMIT TYPE II

WES ELLISON

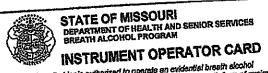
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections

for the determination of the alcoholic content of blood from a sample for the determination of the alcoholic content of blood from a sample for the determination of the alcoholic content of blood from a sample for the determination of the alcoholic content of blood from a sample for the determination of the alcoholic content of blood from a sample for the determination of the alcoholic content of blood from a sample for the determination of the alcoholic content of blood from a sample for the determination of the alcoholic content of blood from a sample for the determination of the alcoholic content of blood from a sample for the determination of the alcoholic content of blood from a sample for the determination of the alcoholic content of blood from a sample for the determination of the alcoholic content of the determination of the alcoholic content of the determination of the alcoholic content of the determination of	WA WATER ABORATORY
NUMBER 290080 EXPIRES 4/16/2021	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY RECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB-4 (R6-10)

MO 580-0771 (6-10)



The named cardholder is authorized to operate an avidential breath alcohol Instrument for the determination of the stocholic content in breath form of expired air in Missouri.

ELLISON, WES Operator

Permit No 290080 Date Issued 4/16/2019 Date Expires 4/18/2021

