

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

Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.

INTOX DMT MAINTENANCE REPORT

REPOR

TOX DMT-SN 500093	Missouri State	Highway Patrol		01/25/2023	×	
OCATION OF INSTRUMENT (STREET AND CITY) 14 South Water, Liberty, Missouri				11ME OF INSPECTION 08:26:25		
ULEAN INT. Diver a ma	ark in the box by each item Unmarked items must b	n if found to be satisfac e corrected before usi	tory or is operating instrument.	ing within established limits. (Write in observed	
DIAGNOSTIC RECO	ORD					
DATE AND TIME 01/25/2023 08:26:27			☑ DETECTOR			
☑ PROGRAM			☑ FILTER 1€			
SAMPLE CHAMBER 48,7°C			☑ FILTER 2			
☑ BREATH TUBE 43.1°C			☑ FILTER 3			
☑ PUMP			☑ INTERNAL STANDARD			
A-70 (A-60 A-60 A-60 A-60 A-60 A-60 A-60 A-60	CCURACY STANDARD	S				
☐ SIMULATOR STANDARD			COMPRESSED ETHANOL-GAS MIXTURE			
STANDARD SUPPLIER INTOXIMETERS L		LOT#_	AG125101	EXP. DATE_	EXP. DATE 09/08/2023	
SIMULATOR TEMP (34°C ± 0.2°C) SIM.				SIM. NIST EXP DATE		
D 0.04% STANDARD - MUST READ BETW TEST 1 0.100 TEST		ETWEEN 0.076% AN ETWEEN 0.038% AN TEST 2: 0.100				
PERFORM R.F.I. TE	ST					
		S IN THE FOLLOWIN	G RANGES SI	NCE THE LAST MAINTEN	ANCE REPORT:	
DEELISALS: 0	0-04:0	0509: 2	.1014: 5	.1519:1	OVER 19:	
LIST ANY NEW PARTS AND DESC ESTABLISHED LIMITS (USE OTHER Placing out of service to move	H BIDE IF NEGESSARY)	HOATION THAT WAS MADE TO	RESTORE THE RELIE	NUMENT TO OPERATE BATISFACTORIL		
INSPECTING OFFICER BIGNATURE M SKA CA			PRINT FULL NAME CASEY O TUBBS TELEPHONE NUMBER			
11 THE REPEARS INVANOUS.		EAPIRATION DATE		816-622-0800		
RETURN COMPLETED		09/16/2023	81	6-622-0800		



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: 8-Sep-2021

Lot # AG125101 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

8-Sep-2023 108

Ethanol

0.100 ± 2% BrAC (260 ppm)

Nitrogen

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

RGM Serial No. EB0010603

Concentration 393.0 ppm 258.2 ppm

EB0010681 52.12 ppm

EB0010595 EB0010562 EB0010579

EB0010559

208.3 ppm 104.2 ppm 52.81 ppm

CRM Serial No.

CC434668 CC234503 Concentration

800.0 ppm 253.0 ppm CRM Serial No.

0056649 0056662 Concentration

390.1 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control Reason Dry gas standard certification of analysis boseon Argas USA LLC (Lab) Date:09:09-2021;14-28

Approved for Release:

Rosel Marsola

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07