REPORT #1



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

Complete this report at the time Complete this report whenever the Retain the original and send a co	ne instrument is servic	ed or repaired and	whenever it is pla).		
INTOX DMT SN NAME OF AGENCY 500015 Neosho Police Department					DATE OF INSPECTION 11/02/2023		
LOCATION OF INSTRUMENT (STREET AND CITY) 201 North College St, Neosho MO				TIME OF INSF 12:27:2			
CHECKLIST: Place a mark in the values where determined). Unmainted	ne box by each item if arked items must be c	found to be satisfac corrected before usi	ctory or is operatir ng instrument.	ng within establish	ed limits. (Writ	e in observed	
DIAGNOSTIC RECORD							
DATE AND TIME	023 12:27:24]	DETECTOR				
PROGRAM		[FILTER 1				
SAMPLE CHAMBER 4	8.8°C	[FILTER 2				
BREATH TUBE 44.6°	C]	FILTER 3				
DUMP		[INTERNAL S	TANDARD			
BREATH ANALYZER ACCUR	ACY STANDARDS						
SIMULATOR STANDAR	RD	[ED ETHANOL-GA	S MIXTURE		
STANDARD SUPPLIER IN	TOXIMETERS	LOT #	AG222301	EXP.	DATE <u>08/1</u>	1/2024	
□ SIMULATOR TEMP (34°C ±	: 0.2°C)	SIM. SN		SIM. NIST E	XP DATE		
 CALIBRATION CHECK - (0 Run three tests using a stan of .005 or less. Mark the bo 0.10% STANDARD 0.08% STANDARD 0.04% STANDARD 	x corresponding to the - MUST READ BETV - MUST READ BETV	e standard being us VEEN 0.095% ANI VEEN 0.076% ANI	ed. 0 0.105% INCLU: 0 0.084% INCLU:	SIVE	e a spread		
TEST 1: 0.100 TE		ST 2: 0.100		TEST 3:	TEST 3: 0.100		
PERFORM R.F.I. TEST	· · · · ·						
INDICATE THE NUMBER OF	BREATH TESTS IN	THE FOLLOWING	G RANGES SIN	CE THE LAST M	AINTENANCI	E REPORT:	
REFUSALS: 1 004: 2	0.05	09: 0	.1014: 0	.1519: ()	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ESTABLISHED LIMITS (USE OTHER SIDE IF I	ALTERATION OR MODIFICATI VECESSARY)	ON THAT WAS MADE TO F	ESTORE THE INSTRUM	IENT TO OPERATE SATI	SFACTORILY AND V		
INSPECTING OFFICER							
			PRINT FULL NAME	UMFIFI D			
TYPE II PERMIT NUMBER		EXPIRATION DATE 08/11/2025	TELEPHO	451-8012			
RETURN COMPLETED REPO	Dieau	I Alcohol Program, il, fax, or email	I Missouri Departn	nent of Health and	Senior Servic	es	
MO ERO 2808 (E 10)	A.K.I						

STANDARD CHANGE	0.200
	Alcohol(g/210L) Flow Rate(L/M)
Neosho Police Department INTOX dmt: 500015	0.180
Date: 11/02/2023 Time: 12:21:25	0.160
OPERATOR NAME: KEITH J BRUMFIELD PERMIT NUMBER: 230180 EXPIRATION DATE: 08/11/2025	0.140
LOT #: AG222301	0.120
SUPPLIER: INTOXIMETERS EXPIRATION: 08/11/2024 SIMULATOR TYPE: DRY GAS	0.100
STANDARD INFORMATION CONCENTRATION: 0.100 TARGET: 0.097	0.080
BLANK TEST0.00012:22INTERNAL STANDARDVERIFIED12:22EXTERNAL STANDARD0.09812:22BLANK TEST0.00012:23	0.060
Average = 0.0980 Std Dev = 0.0000 Spread = 0.0000	0.040
spread – 0.0000	0.020
	0.000

40.00

36.00

32.00

28.00

24.00

20.00

16.00

12.00

8.00

4.00

____0.00 30

25

Hetth Gunpled



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-Aug-2022

Lot # AG222301 Model 108

Component Ethanol Nitrogen Certified Concentration 0.100 ± 2% BrAC (260 ppm)

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

RGM Serial No. EB0010581 EB0010570 EB0010285 EB0010561 EB0010681	Concentration 391.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm 52.22 ppm	RGM Serial No. EB0010603 EB0010559 EB0010562 EB0010579	Concentration 392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:08.18.2022 21:07

Rol Marsda

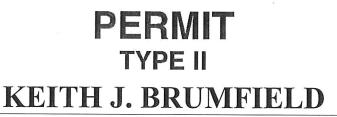
Rod Marsala

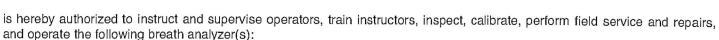
ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07

Approved for Release:



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





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.

DATE 8/11/2023

NUMBER 230180

EXPIRES 8/11/2025

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Daves I. Nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD
The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired an in Missouri.
Operator BRUMFIELD, KEITH
Permit No 230180 Date Issued 8/11/2023 Date Expires 8/11/2025