

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 regul Complete this report whenever the instrume Retain the original and send a copy within 1	nt is serviced or repaired an	d whenever it is pl	aced into service.		
NAME OF AGENCY 500054 Missouri State Highway Patrol			10/01/2023		
LOCATION OF INSTRUMENT (STREET AND CITY) 1620 East Main Street, Warsaw, MO 65355			TIME OF INSPECTION 21:22:31		
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 10/01/2023 21:22:34 ☑ DETECTOR					
☑ PROGRAM ☑ FILTER 1					
SAMPLE CHAMBER 48.8°C					
☑ BREATH TUBE 46.3°C ☑ FILTER 3					
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDARDS					
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE					
	ERS LOT#	AG215701	EXP. DATE	06/06/2024	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SI	٧	SIM. NIST EXP DA	TE	
□ CALIBRATION CHECK - (ONLY ONE Run three tests using a standard. All the of .005 or less. Mark the box correspon □ 0.10% STANDARD - MUST RI□ 0.08% STANDARD - MUST RI□ 0.04% STANDARD - MUST RI□	nding to the standard being EAD BETWEEN 0.095% AI EAD BETWEEN 0.076% AI EAD BETWEEN 0.038% AI	used. ND 0.105% INCLU ND 0.084% INCLU	JSIVE JSIVE JSIVE	ead	
TEST 1: 0.102 TEST 2: 0.102			TEST 3: 0.102		
PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH		NG RANGES SIN		NANCE REPORT:	
REFUSALS: 0 004: 0 LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION C	.0509: 1	.1014: 0	.1519: 0	OVER .19: 0	
INSPECTING OFFICER SIGNATURE LOI. P. W. Posnetlel		PRINT FULL NAME	V ROSENTHAL		
TYPE II PERMIT NUMBER EXPIRATION DATE		TELEPH	TELEPHONE NUMBER		
RETURN COMPLETED REPORT TO TH	HE Breath Alcohol Program by mail, fax, or email		-622-0800 ment of Health and Senior	Services	



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: 6-Jun-2022

Lot # AG215701 Model 108

Exp Date 6-Jun-2024 Cyl. Type 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. Concentration
EB0010581 391.8 ppm
EB0010570 259.8 ppm
EB0010285 209.0 ppm
EB0010561 103.7 ppm
EB0010681 52.22 ppm

RGM Serial No. Concentration
EB0010603 392.5 ppm
EB0010559 258.9 ppm
EB0010562 104.2 ppm
EB0010579 52.94 ppm

CRM Serial No. CC727481 CC727496

Concentration 800.0 ppm 253.0 ppm CRM Serial No. CC727493 CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control Reason Dry gas standard certification of analysis Location Airgas USA LLC (Lab) Date 06 07.2022 13 06

Approved for Release:

Rod Marsala

Roll Marsola

ISO 17025:2017 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

RANDALL ROSENTHAL

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

DATE ___12/21/2022

NUMBER 220284

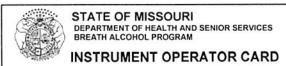
EXPIRES 12/21/2024

Davla J. Nichelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator ROSENTHAL, RANDALL

Permit No 220284

Date Issued 12/21/2022 Date Expires 12/21/2024

