KECEIVED

By Tracy Crews at 3:28 pm, Sep 25, 2023



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

RECEIVED

By Tracy Crews at 1:32 pm, Sep 25, 2023

EPORT #1

INTOX DMT MAINTENANCE REPORT

Complete this report at the time of the regular monthly prever Complete this report whenever the instrument is serviced or relation the original and send a copy within 15 days to the Bre	repaired and wheneve	r it is placed in	eed 35 days). to service.	
NTOX DMT SN NAME OF AGENCY 500151 Missouri State Highway Patrol			DATE OF INSPECTION 08/31/2023	
LOCATION OF INSTRUMENT (STREET AND CITY) Schuyler Co Jail, Jackson & Liberty Sts. Lancaster			TIME OF INSPECTION 09:03:52	
CHECKLIST: Place a mark in the box by each item if found values where determined). Unmarked items must be corrected	to be satisfactory or is	operating with nent.	in established limit	s. (Write in observed
☐ DIAGNOSTIC RECORD				
DATE AND TIME 08/31/2023 09:03:55				
☑ PROGRAM ☑ FILTER 1				
SAMPLE CHAMBER 49.1°C				
☑ BREATH TUBE 48.1°C ☑ FILTER 3				
☑ PUMP ☐ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE				TURE
	LOT#_AG2157			06/06/2024
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DA	
□ CALIBRATION CHECK - (ONLY ONE STANDARD IS Run three tests using a standard. All three tests must be of .005 or less. Mark the box corresponding to the standard. O.10% STANDARD - MUST READ BETWEEN □ 0.08% STANDARD - MUST READ BETWEEN □ 0.04% STANDARD - MUST READ BETWEEN	dard being used. 0.095% AND 0.105% 0.076% AND 0.084%	INCLUSIVE	ia musi nave a spi	eau
TEST 1: TEST 2:	TEST 2:		TEST 3:	
☐ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
REFUSALS: 004: .0509:	.1014		.1519:	OVER .19:
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	T WAS MADE TO RESTORE T	HE INSTRUMENT TO	O OPERATE SATISFACTOR	RILY AND WITHIN
INSPECTING OFFICER				
SIGNATURE	PRINT FU	L NAME SAINES		
	RATION DATE	TELEPHONE NU 660-385-2		
	hol Program, Missour			or 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

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Ethanol

Nitrogen

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

Concentration RGM Serial No. 391.8 ppm EB0010581 EB0010570 259.8 ppm EB0010285 209.0 ppm 103.7 ppm EB0010561 EB0010681 52.22 ppm

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

CRM Serial No.

Concentration 800.0 ppm

CRM Serial No. CC727493

Concentration

CC727481 CC727496

253.0 ppm

CC727498

390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control Reason Dry gas standard certification of analysis Location Arigas USA LLC (Lah) Date Co 07 2022 13 00

Approved for Release:

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 || GRAYDON L. GAINES

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

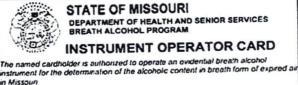
ALCO-SENSOR IV WITH PRINTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

	inche the day				
DATE 2/10/2022	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY				
NUMBER 220040					
EXPIRES 2/10/2024	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES				
	LAB 4 936-10				

MO 580 0771 (5-10)

(342 - 540 10)



Operator GAINES, GRAYDON
Permit No 220040

Permit No 220040

Date Issued 2/10/2022 Date Expires 2/10/2024

