

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 regular monthly Complete this report whenever the instrument is servic Retain the original and send a copy within 15 days to t	ed or repaired and wheneve	r it is placed into service.		
INTOX DMT SN S00233 NAME OF AGENCY Hayti Police depart	DATE OF INSPECTION 10/16/2023			
LOCATION OF INSTRUMENT (STREET AND CITY) 300 East Broadway	TIME OF INSPECTION 08:48:01			
CHECKLIST: Place a mark in the box by each item if values where determined). Unmarked items must be c	found to be satisfactory or is	operating within established limits. (Write in observed nent.		
☑ DIAGNOSTIC RECORD				
DATE AND TIME 10/16/2023 08:48:03				
☑ PROGRAM	R 1			
SAMPLE CHAMBER 48.9°C	R 2			
☐ BREATH TUBE 46.7°C ☐ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD	☑ COM	PRESSED ETHANOL-GAS MIXTURE		
STANDARD SUPPLIER INTOXIMETER	LOT # AG1334	05 EXP. DATE 11/30/2023		
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DATE		
0.10% STANDARD - MUST READ BETV 0.08% STANDARD - MUST READ BETV 0.04% STANDARD - MUST READ BETV	WEEN 0.076% AND 0.084%	INCLUSIVE		
TEST 1: 0.100 TEST 2: 0.100		TEST 3: 0.099		
PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWING RANG	ES SINCE THE LAST MAINTENANCE REPORT:		
REFUSALS: 0 004: 0 RECEIVED By Tracy Crews at 11:00 am, Oct 16, 2023	.09: 0 .1014:	0 .1519: 0 OVER .19: 0		
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER 230144	PRINT FUL	L NAME D MACLIN TELEPHONE NUMBER		
RETURN COMPLETED REPORT TO THE Breatl		Department 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: 1-Dec-2021

Lot # AG133405 Model 108

Exp Date 30-Nov-2023

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 392.1 ppm
EB0010570 259.8 ppm
EB0010285 208.0 ppm
EB0010561 103.6 ppm
EB0010681 52.12 ppm

RGM Serial No. Concentration
EB0010603 393.0 ppm
EB0010559 258.2 ppm
EB0010595 208.3 ppm
EB0010562 104.2 ppm
EB0010579 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 Location:Airgas USA LLC (Lab) Date:12.01.2021 20:06

Approved for Release:

Rod Marsala

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



MO 580-0771 (6-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



LAB-4 (R6-10)

PERMIT

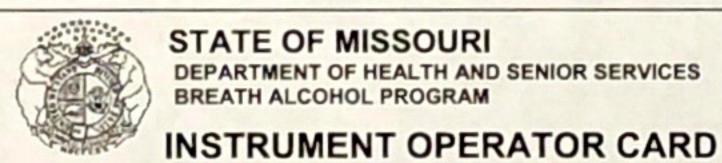
DAVID MACLIN

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

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 th	hrough 577.041, RSMo and 306.111 through 306.119 RSMo	Mike Massur
DATE	7/17/2023	1. The 1. washing
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	230144	
EXPIRES	7/17/2025	Daves J. Nichelson
2711 11120		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 MACLIN, DAVID

Permit No 230144

Date Issued 7/17/2023 Date Expires 7/17/2025

