RECEIVED

By Tracy Crews at 7:55 am, May 09, 2023



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 montl Complete this report whenever the instrument is ser Retain the original and send a copy within 15 days t	viced or repaired and w	henever it is plac		•
INTOX DMT SN NAME OF AGENCY 500275 Platte County Sheriff's Office			DATE OF INSPECTION 05/08/2023	
LOCATION OF INSTRUMENT (STREET AND CITY) 415 Third Street, Platte City, MO 64079		TIME OF INSPECTION 09:27:55		
CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be	n if found to be satisfact e corrected before using	ory or is operating	g within established limits.	(Write in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>05/08/2023 09:27:59</u>	× X	DETECTOR		17 (1000000000 - 100000000
☑ PROGRAM	X	FILTER 1		
☑ SAMPLE CHAMBER 48.7°C		FILTER 2		
☑ BREATH TUBE_48.1°C	×	FILTER 3		
☑ PUMP] INTERNAL ST	ANDARD	
BREATH ANALYZER ACCURACY STANDARD	S			
☐ SIMULATOR STANDARD	K] COMPRESSE	D ETHANOL-GAS MIXTU	JRE
☑ STANDARD SUPPLIER INTOXIMETERS	LOT#_A	G222301	EXP. DATE	08/11/2024
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN_		SIM. NIST EXP DAT	E
 □ CALIBRATION CHECK - (ONLY ONE STAN Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to □ 0.10% STANDARD - MUST READ BE □ 0.08% STANDARD - MUST READ BE □ 0.04% STANDARD - MUST READ BE 	the standard being use TWEEN 0.095% AND TWEEN 0.076% AND	ed. 0.105% INCLUS 0.084% INCLUS	SIVE	ad
TEST 1: 0.100 TI	EST 2: 0 , 099		TEST 3: 0.099	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWING	RANGES SINC	E THE LAST MAINTEN	ANCE REPORT:
REFUSALS: 0 004: 2	0509: 0	.1014: 0	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	CATION THAT WAS MADE TO RE	STORE THE INSTRUM	ENT TO OPERATE SATISFACTORIL	Y AND WITHIN
INSPECTING OFFICER				
SIGNATURE		PRINT FULL NAME	DIAIFOLT	
TYPE II PERMA NUMBER	EXPIRATION DATE	RYAN SCHIL	DKNECHT NE NUMBER	
210253	11/12/2023		643-4573	
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email				



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

Exp Date 11-Aug-2024 Cyl. Type 108 Component Ethanol Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Nitrogen

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

CRM Serial No. CC727481

Concentration 800.0 ppm 253.0 ppm CRM Serial No. CC727493

Concentration 390.0 ppm

CC727498

150.0 ppm

Analytical Method: NDIR

CC727496

Digitally signed by:Quality Control Reason:Dry gas slandard certification of analysis Locallon:Afrgas USA LLC (Lab) Date:08.18,2022 21:07

Approved for Release:

Rod Marsala

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

RYAN SCHILDKNECHT

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

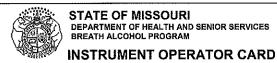
ALCO-SENSOR IV WITH PRINTER

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.

DATE3/9/2	3/9/2020	white
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	200133	
EXPIRES 3/9/2022	for within	
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 SCHILDKNECHT, RYAN

Permit No 200133

Date Issued 3/9/2020 Date Expires 3/9/2022

