

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

### INTOX DMT MAINTENANCE REPORT

REPORT #1

ACCESS HALOX DIALL INVALATEDATION	- ICLI OICI			
Complete this report at the time of the regular mor Complete this report whenever the instrument is so Retain the original and send a copy within 15 days	erviced or repaired and	whenever it is placed		
INTOX DMT SN NAME OF AGENCY Columbia PD			DATE OF INSPECTION 12/28/2023	
LOCATION OF INSTRUMENT (STREET AND CITY) 600 E. Walnut			TIME OF INSPECTION 01:42:02	-
CHECKLIST: Place a mark in the box by each ite values where determined). Unmarked items must	m if found to be satisfac be corrected before usir	tory or is operating wing instrument.	thin established limits. (Write	a in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME 12/28/2023 01:42:05	<u> </u>	DETECTOR		
☑ PROGRAM	D	☐ FILTER 1		
☑ SAMPLE CHAMBER 48.8°C		FILTER 2		
☑ BREATH TUBE 44.6°C	D	☑ FILTER 3	······································	
<b>⊠</b> PUMP	D	INTERNAL STAN	DARD	
BREATH ANALYZER ACCURACY STANDARD	os			
☐ SIMULATOR STANDARD	<b>D</b>	COMPRESSED E	THANOL-GAS MIXTURE	
	LOT#	AG320002	EXP. DATE <u>07/1</u>	9/2025
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN_		SIM. NIST EXP DATE	
of .005 or less. Mark the box corresponding to ☑ 0.10% STANDARD - MUST READ B ☐ 0.08% STANDARD - MUST READ B ☐ 0.04% STANDARD - MUST READ B	ETWEEN 0.095% AND ETWEEN 0.076% AND	0.105% INCLUSIVE 0.084% INCLUSIVE	:	
TEST 1: 0.101	TEST 2: 0.102		TEST 3: 0.102	
☑ PERFORM R.F.I. TEST			<u> </u>	-
INDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWING	RANGES SINCE T	HE LAST MAINTENANCE	E REPORT:
REFUSALS: 0 004: 0 .	0509: 0	.1014: 1	.1519: 2	OVER .19: 3
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIF ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ICATION THAT WAS MADE TO R	ESTORE THE INSTRUMENT?	O OPERATE SATISFACTORILY AND W	/ITHIN
monthly maintenance				
INSPECTING OFFICER				
SIGNATURE Mark D. Hoche		PRINT FULL NAME MARK D HOEHN	IE .	,
TYPE II PERMIT NUMBER 220158	EXPIRATION DATE 06/14/2024	TELEPHONE NU 573-874		
	reath Alcohol Program, l r mail, fax, or email	Missouri Department	of Health and Senior Service	es



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

## **Certificate of Analysis**

Test Date: 20-Jul-2023

**Customer Name** Exclusive Supplier Intoximeters, inc. 2081 Craig Road St. Louis, Mo 63146

Lot # AG320002 Model 108

Exp Date 19-Jul-2025 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.	Goncentration	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

CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

CC727496

Digitally signed by: Quality Control Reason: Dry gas elandard certificat Location: Airges USA LLC (Lab) Date: 07.20.2023 17:16

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 BREATHALÖOHOL PHOGRAM



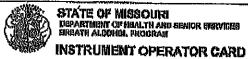
# MARK D HOEHNE

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

# 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. Mile Masona

DATE CALALANZA			
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 220158	en maria		
	Davida w. nealesym.		
EXPIRES 6/14/2024	The Management of the Control of the		
MO 600-4774 (6-18)	ORECTOR OF DRPAFFMENT OF HEALTH AND ARNIOR BERVICES		
ass bite at a fra 10%	.LAB-4.(Re-10		



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Operator HOEHNE, Permit No 220158 Date Issued 6/14/2022 HORHNE, MARK

Date Explose 6/14/2024