

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

INTOX DMT MAINTENANCE REPORT

REPORT #1

101 OX DIVIT WAINTENANCE	- NLFONT					
Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.						
INTOX DMT SN NAME OF AGENCY Sunset Hills PE)		11/06/2024			
LOCATION OF INSTRUMENT (STREET AND CITY) 3905 S. Lindbergh Sunset Hills MO 63127			TIME OF INSPECTION 11:03:16			
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 11/06/2024 11:03:19 ☑ DETECTOR						
☑ PROGRAM	☑ PROGRAM ☑ FILTER 1					
☑ SAMPLE CHAMBER 48.7°C	SAMPLE CHAMBER 48.7°C					
☑ BREATH TUBE 46.6°C ☑ FILTER 3						
☑ PUMP ☑ INTERNAL STANDARD						
BREATH ANALYZER ACCURACY STANDARDS						
☐ SIMULATOR STANDARD	SIMULATOR STANDARD					
STANDARD SUPPLIER INTOXIMETERS	LOT#_A	G234202	EXP. DATE 12/0	8/2024		
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE			
 □ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used. □ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE □ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.044% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.044% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.044% INCLUSIVE □ 0.04% STANDARD - MUST						
TEST 1: 0.076	EST 2: 0.077		TEST 3: 0.078			
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS: 0 004: 0	0509: 0	1014: 2	.1519: 1	OVER .19: 1		
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 INSTRUMENT TO	O OPERATE SATISFACTORILY AND V	VITHIN		
Nothing to Report						
INSPECTING OFFICER						
SIGNATURE	ļF	PRINT FULL NAME				
TYPE II PERMISSIONER	EXPIRATION DATE	SAMUEL C LOO				
240188	08/29/2026	314-849-				
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 Test Date: 8-Dec-2022

Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Lot # AG234202 **Model** 108

Exp Date Cyl. Type Component Certified Concentration
8-Dec-2024 108 Ethanol 0.080 ± 0.002 BrAC (208 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.
 Concentration
 CRM Serial No.
 Concentration

 CC727481
 800.0 ppm
 CC727493
 390.0 ppm

 CC727496
 253.0 ppm
 CC727498
 150.0 ppm

Analytical Method: NDIR

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 SAMUEL L. LOOS

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 through 577.041, RSMo and 306.111 through 306.119 RSMo. Mike Massur DATE ____8/29/2024 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 240188 Davla J. Nichelson

EXPIRES 8/29/2026

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 LOOS, SAMUEL Permit No 240188

Date Issued 8/29/2024 **Date Expires** 8/29/2026

