RECEIVED

By Tracy Crews at 10:11 am, Jun 04, 2024



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

INTOX DIVIT IVIAINT LIVANOL	TEL OIL			
Complete this report at the time of the regular monto Complete this report whenever the instrument is se Retain the original and send a copy within 15 days	rviced or repaired and whenever it is t	blaced into service. S.		
INTOX DMT SN NAME OF AGENCY 500030 Marshall Police			06/02/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) 461 W. Arrow St. Marshall, Mo 65340		TIME OF INSPECTION 14:51:12	TIME OF INSPECTION 14:51:12	
CHECKLIST: Place a mark in the box by each iter values where determined). Unmarked items must be	n if found to be satisfactory or is opera	ting within established limits. (W	/rite in observed	
☑ DIAGNOSTIC RECORD				
DATE AND TIME 06/02/2024 14:51:15				
☑ PROGRAM ☑ FILTER 1				
☑ BREATH TUBE 47.5°C ☑ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARD)S			
☐ SIMULATOR STANDARD		SED ETHANOL-GAS MIXTUR	E	
☑ STANDARD SUPPLIER INTOXIMETERS	LOT#_AG320002	EXP. DATE <u>07</u>	7/19/2025	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DATE		
□ 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 BI □ 0.08% STANDARD - MUST READ BI □ 0.04% STANDARD - MUST READ BI	o the standard being used. ETWEEN 0.095% AND 0.105% INCL ETWEEN 0.076% AND 0.084% INCL	.USIVE .USIVE	es.	
	TEST 2: 0.098	TEST 3: 0.097		
□ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
	0509: 0 .1014: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIF ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ICATION THAT WAS MADE TO RESTORE THE INSTI	RUMENT TO OPERATE SATISFACTORILY A	ND WITHIN	
		Ş.		
INSPECTING OFFICER				
SIGNATURE MA CALL I A	PRINT FULL NAME M BLAKE	MONTGOMERY		
TYPE II PERMIT NUMBER 220216		PHONE NUMBER 60-886-7411		
RETURN COMPLETED REPORT TO THE Br	reath Alcohol Program, Missouri Depa mail, fax, or email	rtment of Health and Senior Se	rvices	



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: 20-Jul-2023

Lot # AG320002 Model 108

Exp Date 19-Jul-2025 Cyl. Type 108

Component

Certified Concentration

Ethanol

Nitrogen

 $0.100 \pm 2\%$ BrAC (260 ppm)

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

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

RGM Serial No. EB0010603 EB0010559 EB0010562 EB0010579

Concentration 392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

CRM Serial No.

Concentration

CRM Serial No.

Concentration

CC727481 CC727496 800.0 ppm 253.0 ppm

CC727493 CC727498

390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:07.20.2023 17:18

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 II

M. BLAKE MONTGOMERY

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.

DATE9/2/2022	Mike Massur		
DATE - FILLENZZ	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 220216	Daves J. Nichelson		
EXPIRES 9/2/2024	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		

MO 580-0771 (6-10)

LAB-4 (R6-10)

