#### **RECEIVED**

By Tracy Crews at 10:51 am, May 10, 2024



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

#### INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this rep	port at the time of the regular port whenever the instrument al and send a copy within 15	is serviced or repai	ired and w	heneve	er it is placed in	eed 35 days). to service.		
NAME OF AGENCY 500045 Nissouri State Highway Patrol						05/04/2024		
Pettis Co Jail, 333 S Lamine, Sedalia, MO 65301						TIME OF INSPECTION 17:35:21		
CHECKLIST: Pla values where det	ace a mark in the box by eac ermined). Unmarked items m	h item if found to be just be corrected be	e satisfacto efore using	ory or is instrur	operating with ment.	in established limits	s. (Write in observ	ed
☑ DIAGNOSTI	C RECORD					44.0		
DATE AND 1	TIME <u>05/04/2024 17:35:2</u>	5_	X	DETE	CTOR			
☑ PROGRAM ☑ FILTER 1								
☐ SAMPLE CHAMBER 48.7°C ☐ FILTER 2								
	TUBE_48.0°C	_	×	FILTE	ER 3			
☑ PUMP	☑ PUMP ☑ INTERNAL STANDARD							
BREATH ANALY	YZER ACCURACY STAND	ARDS						
☐ SIMULAT	FOR STANDARD			COMP	PRESSED ETI	HANOL-GAS MIXT	URE	
STANDARD:	SUPPLIER INTOXIMETE	RS l	OT#_A	G2341	03	EXP. DATE	12/07/2024	_
☐ SIMULATOR	TEMP (34°C ± 0.2°C)	s	IM. SN_			SIM. NIST EXP DA	TE	
of .005 or les ☑ 0.109 ☐ 0.089	N CHECK - (ONLY ONE S sts using a standard. All three s. Mark the box correspondi % STANDARD - MUST REA % STANDARD - MUST REA % STANDARD - MUST REA	ng to the standard D BETWEEN 0.09 D BETWEEN 0.07	being used 5% AND ( 6% AND (	d. 0.105% 0.084%	INCLUSIVE	d must have a spre	ead	
TEST 1: 0.098 TEST 2: 0.098						TEST 3: 0.098	ST 3: 0.098	
☑ PERFORM R	.F.I. TEST					•		
INDICATE THE	NUMBER OF BREATH TE	STS IN THE FOLI	OWING	RANGI	ES SINCE TH	E LAST MAINTE	NANCE REPORT	Γ:
REFUSALS: 0	004: 0	.0509: 1		1014:	2	.1519: 2	OVER .19	Ð: 1
LIST ANY NEW PARTS A ESTABLISHED LIMITS (L	AND DESCRIBE ANY ALTERATION OR M USE OTHER SIDE IF NECESSARY)	ODIFICATION THAT WAS	MADE TO RES	TORE TH	E INSTRUMENT TO	OPERATE SATISFACTORII	LY AND WITHIN	<u> </u>
May 2024 - MAINTE	:NANCE REPORT							
INSPECTING OF	FICER							
SIGNATURE OLASS				PRINT FULL NAME A S CRAIG				
TYPE II PERMIT NUMBER	3	EXPIRATION 02/21/2	DATE		TELEPHONE NUME	BER		
RETURN COMP	LETED REPORT TO THE		ogram, Mi nail	ssouri [	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: 7-Dec-2022

Lot # AG234103 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

7-Dec-2024 108 Ethanol

0.100 ± 2% BrAC (260 ppm)

Nitrogen

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

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

RGM Serial No. Concentration EB0010603 392.5 ppm EB0010559 258.9 ppm EB0010562 104.2 ppm EB0010579 52.94 ppm

CRM Serial No. CC727481 CC727496

Concentration 800.0 ppm 253.0 ppm

CRM Serial No. CC727493 CC727498

Concentration 390.0 ppm

150.0 ppm

Analytical Method: NDIR

Ditthin signed by Quality Connot Reason Dry gas Mandard cedification of charys si Location Angas USA LLO (Lab) Diversor Cook for co

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

# **AARON S. CRAIG**

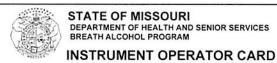
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

#### INTOX DMT

	III OZE DIVII
for the determination of the alcoholic content of blo 577.020 through 577.041, RSMo and 306.111 thro	ood from a sample of expired air. Permit issued under the provisions of section ough 306.119 RSMo.
DATE2/21/2024	Mike Massur
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER <b>240051</b>	Daves J. Nichelson
EXPIRES 2/21/2026	tanka S. Michelson
	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 CRAIG, AARON

Permit No 240051

Date Issued 2/21/2024 Date Expires 2/21/2026

