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By Tracy Crews at 8:46 am, Jul 08, 2024



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

THION DIVIT WATER TOOL	ILLI OILLI				THE ORT W
Complete this report at the time of the regular month Complete this report whenever the instrument is serv Retain the original and send a copy within 15 days to	viced or repaired and	wheneve	r it is placed i		
NAME OF AGENCY 500045 Missouri State Highway Patrol			07/03/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) Pettis Co Jail, 333 S Lamine, Sedalia, MO 65301			TIME OF INSPECTION 10:44:47		
CHECKLIST: Place a mark in the box by each item i values where determined). Unmarked items must be	if found to be satisfa corrected before us	ctory or is	operating wit	hin established limits. (Wri	te in observed
☑ DIAGNOSTIC RECORD					
DATE AND TIME <u>07/03/2024 10:44:51</u>		□ DETE	CTOR		
☑ PROGRAM			R 1		
☑ SAMPLE CHAMBER 48.7°C			R 2		
☑ BREATH TUBE 48.1°C			R 3		
☑ PUMP		INTER	RNAL STAND)ARD	
BREATH ANALYZER ACCURACY STANDARDS					
☐ SIMULATOR STANDARD		☑ COM	PRESSED ET	THANOL-GAS MIXTURE	
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#_	AG2341	03	EXP. DATE 12/0	7/2024
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN			SIM. NIST EXP DATE	
 ☑ CALIBRATION CHECK - (ONLY ONE STAND Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to the ☑ 0.10% STANDARD - MUST READ BET ☐ 0.08% STANDARD - MUST READ BET ☐ 0.04% STANDARD - MUST READ BET 	he standard being us WEEN 0.095% ANI WEEN 0.076% ANI	sed. D 0.105% D 0.084%	INCLUSIVE INCLUSIVE	nd must have a spread	
TEST 1: 0.098 TES	ST 2: 0.098			TEST 3: 0.098	
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWING	G RANGI	ES SINCE TH	HE LAST MAINTENANC	E REPORT:
REFUSALS: 0 004: 0 .05-	09: 1	.1014:	1	.1519: 0	OVER .19: 1
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICAT ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) JULY 24' - MAINTENANCE REPORT	TION THAT WAS MADE TO F	RESTORE TH	E INSTRUMENT TO	OPERATE SATISFACTORILY AND V	VITHIN
INSPECTING OFFICER					
SIGNATURE A.S.S		PRINT FULL			
TYPE II PERMIT NUMBER 240051	02/21/2026		TELEPHONE NUM	1BER	
RETURN COMPLETED REPORT TO THE Breat by ma	th Alcohol Program, ail, 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

Customer Name

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

Test Date: 7-Dec-2022

Lot # AG234103 Model 108

Exp Date -Dec-2024 Cyl. Type 108 Component

Ethanol Nitrogen Certified Concentration

0.100 ± 2% BrAC (260 ppm)

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
E80010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

CRM Serial No. Concentration
CC727481 800.0 ppm
CC727496 253.0 ppm

CRM Serial No. CC727493 CC727498 Concentration 390.0 ppm

150.0 ppm

Analytical Method: NDIR

Little in Prestrous II, Cornel Henry Dr. 11: North Scenic Month and Jr. 1 Little III, St. 11: USA LLC Late

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

AARON S. CRAIG

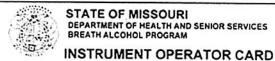
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs. and operate the following breath analyzer(s):

INTOX DMT

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.

DATE 2/21/2024	Mike Massan
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240051	
EXPIRES 2/21/2026	Danla I. McCallon
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
10.680.0771 (6.10)	TABLE

LAB 4 (R6 15)



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 Permit No CRAIG, AARON 240051

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

