RECEIVED

By Tracy Crews at 9:57 am, Sep 05, 2024



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the regular mo Complete this report whenever the instrument is Retain the original and send a copy within 15 day	serviced or repaired an	nd whenever it	t is placed in		
NTOX DMT SN S00045 NAME OF AGENCY Missouri State Highway Patrol				DATE OF INSPECTION 09/03/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) Pettis Co Jail, 333 S Lamine, Sedalia, MO 65301			To ag	TIME OF INSPECTION 12:29:03	
CHECKLIST: Place a mark in the box by each it values where determined). Unmarked items mus	tem if found to be satisf at be corrected before u	factory or is or is or is or	perating with ent.	in established limits.	(Write in observed
☑ DIAGNOSTIC RECORD					
DATE AND TIME <u>09/03/2024 12:29:07</u> ☑ DETECTOR					
☑ PROGRAM ☑ FILTER 1					
SAMPLE CHAMBER 48.7°C ☐ FILTER 2					
☑ BREATH TUBE 46.9°C ☑ FILTER 3					
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDAR	RDS				
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE					
STANDARD SUPPLIER INTOXIMETERS LOT#		AG234103	3	EXP. DATE 12/07/2024	
SIMULATOR TEMP (34°C ± 0.2°C) SIM. SIM.		N		SIM. NIST EXP DATE	
 ☑ CALIBRATION CHECK - (ONLY ONE STARUN three tests using a standard. All three tests of .005 or less. Mark the box corresponding ☑ 0.10% STANDARD - MUST READ ☐ 0.08% STANDARD - MUST READ ☐ 0.04% STANDARD - MUST READ 	g to the standard being BETWEEN 0.095% AI BETWEEN 0.076% AI	used. ND 0.105% IN ND 0.084% IN	NCLUSIVE	d must have a spread	d
TEST 1: 0.099 TEST 2: 0.099			TEST 3: 0.099		
☑ 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: 1	.1014: 2		.1519: 3	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MOD ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) SEP 24' MAINTENANCE REPORT	IFICATION THAT WAS MADE TO	D RESTORE THE II	ISTRUMENT TO	OPERATE SATISFACTORILY	AND WITHIN
INSPECTING OFFICER SIGNATURE CPL AZ. TYPE II PERMIT NUMBER		PRINT FULL N.	AIG		
240051	02/21/2026	TE	ELEPHONE NUM	BER	
RETURN COMPLETED REPORT TO THE E	Breath Alcohol Program by mail, fax, or email	n, Missouri De	partment of	Health and Senior S	ervices



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 7-Dec-2024 Cyl. Type

Component

Certified Concentration

108

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

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

Distaily signed by Quality Control Reason Dry gas standard certification of analysis totation Argas USA LLC (Lab) Due to 00 (000) to 00

Approved for Release:

Rod Marsala

Rosl Marsola

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



MO 580 0771 (6-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

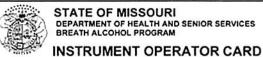


LAB 4 (R6-10)

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 3/16/2022 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY EXPIRES 3/16/2024 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 220082

Date Issued 3/16/2022 Date Expires 3/16/2024

