By Tracy Crews at 1:56 pm, Oct 11, 2024



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

	San Control of the Co					
Complete this report at the time of the regular more Complete this report whenever the instrument is setain the original and send a copy within 15 days	serviced or repaired and wher	never it is placed into service	lays).			
INTOX DMT SN S00046 NAME OF AGENCY Missouri State Highway Patrol			5 INSPECTION 05/2024			
LOCATION OF INSTRUMENT (STREET AND CITY) 10 NE Tudor Rd, Lee's Summit, Missouri			INSPECTION 48:59			
CHECKLIST: Place a mark in the box by each ite values where determined). Unmarked items must	em if found to be satisfactory be corrected before using in-	or is operating within estab strument.	lished limits. (Write	in observed		
☑ DIAGNOSTIC RECORD						
DATE AND TIME 10/05/2024 15:49:02 ☑ DETECTOR						
☑ PROGRAM	☑ PROGRAM ☑ FILTER 1					
☑ SAMPLE CHAMBER 48.9°C	⊠ FI	ILTER 2				
☐ BREATH TUBE 48.1°C	⊠ FI	ILTER 3				
☑ PUMP	N ⊠	TERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARI	DS					
☐ SIMULATOR STANDARD	⊠ C	OMPRESSED ETHANOL-	GAS MIXTURE			
☐ STANDARD SUPPLIER INTOXIMETERS	LOT# AG4	00203 E	XP. DATE <u>01/02</u>	2/2026		
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIS	ST EXP DATE			
□ CALIBRATION CHECK - (ONLY ONE STAIR Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding tests of .0.10% STANDARD - MUST READ Best of .0.08% STANDARD - MUST READ Best of .0.04% STANDARD - MUST READ	to the standard being used. BETWEEN 0.095% AND 0.10 BETWEEN 0.076% AND 0.08	05% INCLUSIVE 84% INCLUSIVE	nave a spread			
TEST 1: 0.103	TEST 2: 0.101	TEST	TEST 3: 0.101			
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TESTS	S IN THE FOLLOWING RA	NGES SINCE THE LAST	MAINTENANCE	REPORT:		
REFUSALS: 0 004: 0 .	.0509: 0	.14: 0 .1519	9: 1	OVER .19: 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIF ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	CATION THAT WAS MADE TO RESTOR	RE THE INSTRUMENT TO OPERATE S	SATISFACTORILY AND WIT	THIN		
INSPECTING OFFICER						
SIGNATURE		FULL NAME				
TYPE II PERMIT NUMBER	EXPIRATION DATE	AVID T CRAIG TELEPHONE NUMBER				
230044	03/27/2025	816-622-0800				
	reath Alcohol Program, Misso mail, fax, or email	ouri Department of Health a	and Senior Services	S		



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: 4-Jan-2024

Lot # AG400203 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

2-Jan-2026

108

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

litrogen

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		100 10 100 100 1 1 1 1 1 1 1 1 1 1 1 1

CRM Serial No. CC727481 Concentration 799.4 ppm CRM Serial No. CC727493

Concentration

CC727481

253.4 ppm

CC727493

389.8 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:01.05:2024 08:53

Approved for Release:

Yusef Woods

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 DAVID T. 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):

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

DATE 3/27/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230044

EXPIRES 3/27/2025

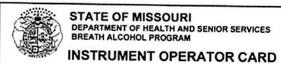
577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

Danes J. Nichelso

LAB-4 (R5-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired all in Missouri.

Operator CRAIG, DAVID Permit No 230044

Date Issued 3/27/2023

Date Expires 3/27/2025

