

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 mon Complete this report whenever the instrument is se Retain the original and send a copy within 15 days	erviced or repaired and who	enever it is placed				
NAME OF AGENCY 500056 Missouri State Highway Patrol			05/31/2024			
LOCATION OF INSTRUMENT (STREET AND CITY) 2501 W Mechanic St, Harrisonville			TIME OF INSPECTION 14:47:35			
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.						
☑ DIAGNOSTIC RECORD						
DATE AND TIME05/31/2024 14:47:38 © DETECTOR						
☑ PROGRAM	☑ PROGRAM ☑ FILTER 1					
SAMPLE CHAMBER 48.7°C						
☑ BREATH TUBE 43.8°C ☑ FILTER 3						
☑ PUMP ☑ INTERNAL STANDARD						
BREATH ANALYZER ACCURACY STANDARDS						
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE						
☐ STANDARD SUPPLIER INTOXIMETERS	LOT# <u>AG</u>	320502	EXP. DATE <u>07</u>	7/24/2025		
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE			
 □ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used. □ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE □ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE 						
TEST 1: 0.099	TEST 2: 0.099		TEST 3: 0.098			
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS: 0 004: 5	0509: 0	014: 0	.1519: 2	OVER .19: 2		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)						
INSPECTING OFFICER						
SIGNATURE		NT FULL NAME V J LUZENKO				
TYPE II PERMIT NUMBER 220184	07/22/2024	TELEPHONE N	JMBER			
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email						



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: 1-Aug-2023

Lot # AG320502 Model 108

Exp Date 24-Jul-2025 Cyl. Type 108

Component Ethanol

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Nitrogen

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		

CRM Serial No. Concentration Concentration CRM Serial No. 390.0 ppm CC727493 mag 0.008 CC727481 150.0 ppm CC727498 253.0 ppm CC727496

Analytical Method: NDIR

Digitally signed by Quality Control Reason Dry gas standard certification of analysis Location:Argas USA LLC (Lab) Date 08 10 2023 09:48

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



DARK AN CO

PERMIT TYPE II

WALTER J. LUZENKO

is hereby authorized to instruct and supervise operators, frain instructors, inspect, calibrate, perform field service and repairs, and operato the following broath 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 BSMo.

DATE

7/22/2022

NUMBER 220184_____

EXPIRES 7/22/2024

125 (45) (41)

M. J. M. SEAST PUBLIC PEACHTULABORATION

Doube I Neclasson

DIRECTOR OF DEPARTMENT OF HEALT LAND SENIOR SERVICES.

