By Tracy Crews at 7:55 am, Sep 09, 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 tim Complete this report wheneve Retain the original and send a	r the instrument is s	serviced or repair	ed and wheneve	r it is placed int	• '	
INTOX DMT SN 500063	NAME OF AGENCY Missouri State Highway Patrol				09/08/2024	
OCATION OF INSTRUMENT (STREET AND CITY) PIKE County Sheriff's Office, Bowling Green, MO					TIME OF INSPECTION 06:32:21	
CHECKLIST: Place a mark ir values where determined). Un	the box by each ite marked items must	em if found to be be corrected be	satisfactory or is fore using instrun	operating with	in established limits	s. (Write in observed
☑ DIAGNOSTIC RECORD						
DATE AND TIME 09/08	/2024 06:32:24 ☑ DETECTOR					
☑ PROGRAM		☑ FILTER 1				
	48.8°C	48.8°C				
☑ BREATH TUBE 46.3	3°C	°C \(\times\) FILTER 3				
☑ PUMP		☑ INTERNAL STANDARD				
BREATH ANALYZER ACCU	RACY STANDAR	DS				
☐ SIMULATOR STAND	ARD			PRESSED ETH	HANOL-GAS MIXT	URE
☑ STANDARD SUPPLIER _	INTOXIMETERS	L	OT# <u>AG3353</u>	03	EXP. DATE	12/19/2025
☐ SIMULATOR TEMP (34°C	± 0.2°C)	SI	M. SN		SIM. NIST EXP DA	TE
□ CALIBRATION CHECK - Run three tests using a st of .005 or less. Mark the □ 0.10% STANDAR □ 0.08% STANDAR □ 0.04% STANDAR	box corresponding f RD - MUST READ E RD - MUST READ E	to the standard b BETWEEN 0.095 BETWEEN 0.076	peing used. 5% AND 0.105% 5% AND 0.084%	INCLUSIVE	d must have a´spre	ad
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	10	.0509: 0	.1014:	2	.1519: 1	OVER .19: 1
LIST ANY NEW PARTS AND DESCRIBE A ESTABLISHED LIMITS (USE OTHER SIDE	NY ALTERATION OR MODIF	FICATION THAT WAS N	MADE TO RESTORE THE	E INSTRUMENT TO (PERATE SATISFACTORII	_Y AND WITHIN
INSPECTING OFFICER						
SIGNATURE Top An 22			PRINT FULL ANEL	PALISLAMO	VIC	
TYPE II PERMIT NUMBER 230301		12/11/20		TELEPHONE NUME 636-300-28		
RETURN COMPLETED REI	DI	reath Alcohol Pro y mail, fax, or em		Department of	Health and Senior	Services
MO 580-2898 (5-19)		AN EQUAL OPPORT	I INITY/AFFIRMATIVE A	CTION EMPLOYED		LAD 400



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: 19-Dec-2023

Lot # AG335303 **Model** 108

Exp Date 19-Dec-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:

Concentration

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. CC727481

CC727481 799.4 ppm CC727496 253.4 ppm CRM Serial No.

CC727493

CC727498

Concentration 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:12.21.2023 20:20

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 ANEL PALISLAMOVIC

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	12/11/2023	Mike Massur
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	230301	
EXPIRES 12/11/2025	12/11/2025	Davla J. Nichelson
		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 PALISLAMOVIC, ANEL

Permit No 230301

