RECEIVED

By Tracy Crews at 3:28 pm, May 06, 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 Complete this report whene Retain the original and send	ver the instrument is s	erviced or repaired and	whenever it is placed in				
INTOX DMT SN 500068	NAME OF AGENCY Missouri State Highway Patrol			DATE OF INSPECTION 05/01/2024			
LOCATION OF INSTRUMENT (STREET Christian Co S.O 110	W. Elm St., Ozark			TIME OF INSPECTION 10:54:49			
CHECKLIST: Place a mark values where determined).	in the box by each ite Unmarked items must	em if found to be satisfac be corrected before usir	tory or is operating withing instrument.	nin established limits. (Write	e in observed		
☑ DIAGNOSTIC RECOF	RD						
DATE AND TIME <u>05/01/2024 10:54:52</u> ☑ DETECTOR							
☑ PROGRAM	☑ PROGRAM ☑ FILTER 1						
☑ SAMPLE CHAMBER 48.8°C ☑ FILTER 2							
☑ BREATH TUBE 4	☑ BREATH TUBE 48.1°C ☑ FILTER 3						
☑ PUMP		. D	INTERNAL STAND	ARD			
BREATH ANALYZER AC	CURACY STANDAR	DS					
☐ SIMULATOR STA	NDARD	Σ	COMPRESSED ET	HANOL-GAS MIXTURE			
STANDARD SUPPLIE	R_INTOXIMETERS	LOT #_/	AG215701	EXP. DATE <u>06/0</u>	6/2024		
☐ SIMULATOR TEMP (3	4°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: 0.101		TEST 2: 0.101		TEST 3: 0.101			
PERFORM R.F.I. TES							
INDICATE THE NUMBER	OF BREATH TEST	S IN THE FOLLOWING	RANGES SINCE TH	HE LAST MAINTENANC	E REPORT:		
REFUSALS: 1 0	04: 0	.0509: 0	.1014: 2	.1519: 3	OVER .19: 2		
LIST ANY NEW PARTS AND DESCRIE ESTABLISHED LIMITS (USE OTHER S		FICATION THAT WAS MADE TO R	ESTORE THE INSTRUMENT TO	OPERATE SATISFACTORILY AND V	VITHIN		
May Maintenance							
INSPECTING OFFICER							
SIGNATURE AL WAR			PRINT FULL NAME JACKSON D HOC	DD .			
TYPE II PERMIT NUMBER 230167		08/07/2025	TELEPHONE NUM 417-895-6				
RETURN COMPLETED F	В	y mail, fax, or email		f Health and Senior Servic	es		
MO 580-2898 (5-19)		AN FOLIAL ODDODTUNITUAES	IDMATINE ACTION EMPLOYED				



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: 6-Jun-2022

Lot # AG215701 Model 108

Exp Date 6-Jun-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 I	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		00000000000 • • • • • • • • • • • • • •

CRM Serial No.

Concentration

CRM Serial No.

Concentration

CC727481 CC727496 800.0 ppm 253.0 ppm CC727493 CC727498 390.0 ppm 150.0 ppm

Analytical Method:

NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:06.07.2022 13:06

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 JACKSON HOOD

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

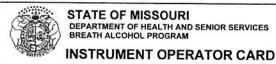
ALCO-SENSOR IV WITH PRINTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE8/7/2023	Mike Massur
HE TOWNS CONTINUED TO BE THE RESERVENCE OF A THEORY OF STOCK OF THE PERSON OF THE STOCK OF THE S	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230167	
	Daves J. Nichelson
EXPIRES 8/7/2025	+ cura -s. 1 percent
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
10 500 0771 (6 10)	

MO 580-0771 (6-10)





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

Operator HOOD, JACKSON Permit No 230167

Date Issued 8/7/2023 Date Expires 8/7/2025

