By Tracy Crews at 8:46 am, Jul 08, 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 monthly preve Complete this report whenever the instrument is serviced or Retain the original and send a copy within 15 days to the Br	repaired and wheneve	r it is placed into		
NAME OF AGENCY 500078 Missouri State Highway Patrol			07/04/2024	
LOCATION OF INSTRUMENT (STREET AND CITY)  Newton County Jail		24 to 2000 000 00 000 000	TIME OF INSPECTION 11:37:51	
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 TIME <u>07/04/2024 11:37:54</u>	☑ DETE	CTOR		
☑ PROGRAM		R 1		
☑ SAMPLE CHAMBER 48.9°C		ILTER 2		
☑ BREATH TUBE 45.4°C  ☑ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD		COMPRESSED ETHANOL-GAS MIXTURE		
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#_AG3205	01	EXP. DATE 07/24	4/2025
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	s	IM. NIST EXP DATE	
<ul> <li>□ 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.</li> <li>□ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</li> <li>□ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</li> <li>□ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</li> </ul>				
TEST 1: 0.098 TEST 2: 0	0.098		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: 0 .0509: 0	.1014:	0	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THA ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	T WAS MADE TO RESTORE TH	E INSTRUMENT TO C	PERATE SATISFACTORILY AND W	ITHIN
CHANGED TIME, DRY GAS, AND HEATED SIMULATOR TUBE.				
INSPECTING OFFICER				
SIGNATURE	PRINT FUL HAVE	NAME N L CLEMON	IS	
	RATION DATE 3/22/2025	TELEPHONE NUMB		
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: 26-Jul-2023

Lot # AG320501 Model 108

**Exp Date** 24-Jul-2025 Cyl. Type 108

Component Ethanol

Certified Concentration

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

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:07.28.2023 12:45

Approved for Release:

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

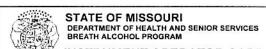


# **PERMIT** TYPE II

# **HAVEN L. CLEMONS**

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

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.				
NUMBER 230183	Daves I. nichelson			
EXPIRES 8/22/2025	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES			
MO 580-0771 (6-10)	LAB-4 (B6-10)			



## **INSTRUMENT OPERATOR CARD**

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

Operator

CLEMONS, HAVEN

Permit No 230183

Date Expires 8/22/2025

