RECEIVED

By Tracy Crews at 8:24 am, Nov 08, 2024



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

	TON BILL IN THE LETTER	02 1121 0111			34000 MONTO AND	
Complete this re	eport at the time of the regular me eport whenever the instrument is all and send a copy within 15 da	serviced or repaired and	whenever it is place			
1NTOX DMT SN 500081		te Highway Patrol		11/07/2024		
Highway Pat	ment (STREET AND CITY) rol Service Center, S. Grand,	Carthage		TIME OF INSPECTION 07:43:21		
CHECKLIST: F	Place a mark in the box by each intermined). Unmarked items must	item if found to be satisfac st be corrected before usin	tory or is operating	within established limits. (\	Write in observed	
☑ DIAGNOS	TIC RECORD					
DATE AND	TIME 11/07/2024 07:43:24	[DETECTOR			
☑ PROGE	RAM	Σ	FILTER 1			
SAMPL SAMPL	E CHAMBER 48.7°C		FILTER 2			
☑ BREAT	H TUBE_46.6°C	Σ	FILTER 3			
☑ PUMP			INTERNAL STA	NDARD		
BREATH ANA	YZER ACCURACY STANDA	RDS				
SIMULA	ATOR STANDARD	Σ	COMPRESSED	ETHANOL-GAS MIXTUR	RE	
STANDARD STANDARD	SUPPLIER INTOXIMETER	SLOT#_/	AG234103	EXP. DATE _ 1	2/07/2024	
☐ SIMULATO	R TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE		
 □ CAL BRATION 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: 0.097		TEST 2: 0.097		TEST 3: 0.097		
☑ PERFORM	R.F.I. TEST					
INDICATE THE	NUMBER OF BREATH TES	TS IN THE FOLLOWING	RANGES SINCE	THE LAST MAINTENA	NCE REPORT:	
REFUSALS: 0	004: 0	.0509: 0	.1014: 1	.1519: 0	OVER .19: 1	
LIST ANY NEW PARTS	S AND DESCRIBE ANY ALTERATION OR MOI (USE OTHER SIDE IF NECESSARY)	DIFICATION THAT WAS MADE TO R	ESTORE THE INSTRUMEN	IT TO OPERATE SATISFACTORILY A	ND WITHIN	
INSPECTING (DFFICER					
SIGNATURE			PRINT FULL NAME LEVI H CROW			
TYPE II PERMIT NUME 240218	ER	EXPIRATION DATE 10/16/2026	TELEPHONE			
	PLETED REPORT TO THE	Breath Alcohol Program, N by mail, fax, or email	Aissouri Departme	nt of Health and Senior Se	rvices	
MO 580-2898 (5-19)		AN EQUAL OPPORTUNITY/AFF	PMATIVE ACTION EMPLO	VED	140.400	



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: 7-Dec-2022

Concentration 392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

Lot # AG234103 Model 108

Exp Date 7-Dec-2024 Cyl. Type

Component

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

024 108 Ethanol Nitrogen

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	RGM Serial No.	
EB0010581	391.8 ppm	EB0010603	
EB0010570	259.8 ppm	EB0010559	
EB0010285	209.0 ppm	EB0010562	
EB0010561	103.7 ppm	EB0010579	
EB0010681	52.22 ppm		

 CRM Serial No.
 Concentration
 CRM Serial No.
 Concentration

 CC727481
 800.0 ppm
 CC727493
 390.0 ppm

 CC727496
 253.0 ppm
 CC727498
 150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control Reason Dry gas standard certification of analysis Location-Argas USA LLC (Lab) Date:12.09.2022 17:20

Approved for Release:

Pod Marcala

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 LEVI H. CROWE

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.

DATE 10/16/2024

DIRECTOR 6: STATE PUBLIC HEALTH LABORATORY

NUMBER 240218

EXPIRES 10/16/2026

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 all in Missouri.

Operator CROWE, LEVI

Permit No 240218

Date Issued 10/16/2024 Date Expires 10/16/2026

