## RECEIVED

By Tracy Crews at 8:50 am, Jul 03, 2024



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

#### INTOX DMT MAINTENANCE REPORT

REPORT #1

AUSSEGA: MALOY DIALL MIVITAL PLAYING	E ITEL OIT				
Complete this report at the time of the regular mor Complete this report whenever the instrument is s Retain the original and send a copy within 15 days	erviced or repaired and when	ever it is placed into service.			
INTOX DMT SN NAME OF AGENCY 500092 Missouri State		DATE OF INSPECTION 07/02/2024			
LOCATION OF INSTRUMENT (STREET AND CITY)  Bollinger County Jail, 202 High St, Marble Hill		71/ME OF INSPECTION 21:06:51	N		
CHECKLIST: Place a mark in the box by each ite values where determined). Unmarked items must	em if found to be satisfactory o be corrected before using ins	r is operating within established lin trument.	nits. (Write in observed		
☑ DIAGNOSTIC RECORD					
DATE AND TIME <u>07/02/2024 21:06:54</u> ☑ DETECTOR					
☑ PROGRAM ☑ FILTER 1					
☑ SAMPLE CHAMBER 48.9°C	SAMPLE CHAMBER 48.9°C				
☑ BREATH TUBE 48.1°C ☑ FILTER 3					
☑ PUMP . ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDAR	DS				
☐ SIMULATOR STANDARD	⊠ co	MPRESSED ETHANOL-GAS MI	IXTURE		
STANDARD SUPPLIER INTOXIMETERS	LOT# AG33	5001 EXP. DA	TE_12/16/2025		
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP	DATE		
of .005 or less. Mark the box corresponding to the standard of .0.10% STANDARD - MUST READ E □ 0.08% STANDARD - MUST READ E □ 0.04% STANDARD - MUST READ E	BETWEEN 0.095% AND 0.10 BETWEEN 0.076% AND 0.08	4% INCLUSIVE			
TEST 1: 0.096	TEST 2: 0,096	TEST 3: 0.09	TEST 3: 0.096		
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS	S IN THE FOLLOWING RAI	IGES SINCE THE LAST MAIN	TENANCE REPORT:		
REFUSALS: 0 004: 0	.0509: 1 .10	14: 0 .1519: 0	OVER .19: 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODI ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	FICATION THAT WAS MADE TO RESTOR	ETHE INSTRUMENT TO OPERATE SATISFACT	ORILY AND WITHIN		
INSPECTING OFFICER	Ippint	FULL NAME			
SIGNATURE  TYPE II PERMIT NUMBER  230278		LON M WYATT  TELEPHONE NUMBER  573-840-9500			
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: 18-Dec-2023

Lot # AG335001 Model 108

Exp Date

Cyl. Type

Component

**Certified Concentration** 

16-Dec-2025

108

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

#### 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		7 -
CRM Serial No.	Concentration	CRM Serial No.	Concentration
GC727481	799.4 ppm	CC727493	389.8 ppm
CC727496	253.4 ppm	CC727498	150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard cartification of analysis Location-Airgas USA LLC (Lab) Date:12.21.2023 19:57

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

# **DYLON WYATT**

MO 580 0771 (8-10)

NUMBER 230278

EXPIRES 11/28/2025

DOWLS J. Nichelson
DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES

LAB-4 (R6-10)

