RECEIVED

By Tracy Crews at 8:53 am, Oct 07, 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 mor Complete this report whenever the instrument is s Retain the original and send a copy within 15 days	erviced or repaired and	whenever it is placed in	nto service.		
INTOX DMT SN NAME OF AGENCY 500092 Missouri State Highway Patrol			10/03/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) Bollinger County Jail, 202 High St, Marble Hill			TIME OF INSPECTION 23:32:00		
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 10/03/2024 23:32:04					
☑ PROGRAM ☑ FILTER 1					
☑ SAMPLE CHAMBER 48.8°C		☑ FILTER 2			
☑ BREATH TUBE 48.1°C		☑ FILTER 3			
⊠ PUMP		☑ INTERNAL STAND	OARD		
BREATH ANALYZER ACCURACY STANDAR	DS				
☐ SIMULATOR STANDARD		COMPRESSED ET	THANOL-GAS MIXTU	RE	
☑ STANDARD SUPPLIER INTOXIMETERS		AG335001	EXP. DATE		
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE		
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 TESTS	S IN THE FOLLOWIN	G RANGES SINCE T	HE LAST MAINTEN	ANCE REPORT:	
REFUSALS: 0 004: 0	.0509: 0	.1014: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIL ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	FICATION THAT WAS MADE TO	RESTORE THE INSTRUMENT TO	O OPERATE SATISFACTORILY	AND WITHIN	
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER	EXPIRATION DATE	PRINT FULL NAME DYLON M WYAT			
230278 11/28/2025 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		The second second

CRM Serial No. CC727481

Concentration 799.4 ppm 253.4 ppm

CRM Serial No. CC727493

CC727498

Concentration 389.8 ppm 150.2 ppm

Analytical Method: NDIR

CC727496

Digitally signed by Quality Control Reason Dry gas standard confidention of analysis Location Argas USA LLC (Lob) 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**

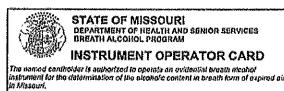


PERMIT TYPE II DYLON WYATT

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 ex 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.	pired air. Permit issued under the provisions of sections
The state of the s	Mile Mason
DATE11/28/2023	DIRECTOR OF STATE PUBLIC (EALT) LABORATORY
NUMBER 230278	
EXPIRES 11/28/2025	Davis I. Nichelson
	ECTOR OF DEPARTMENT OF HEALTHAND SENIOR SERVICES



Operator WYATT, CYLON Pormit No 230278 Date issued 11/28/2023 Da

Date Explices 11/28/2025

