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By Tracy Crews at 8:18 am, Sep 03, 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 mont Complete this report whenever the instrument is se Retain the original and send a copy within 15 days	rviced or repaired and	whenever it is placed in		
NAME OF AGENCY 500093 Missouri State Highway Patrol			08/30/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) 17201 Paradesian Street, Smithville, Mo., 64089			TIME OF INSPECTION 14:30:21	
CHECKLIST: Place a mark in the box by each iten values where determined). Unmarked items must be	n if found to be satisfactore corrected before usi	ctory or is operating wit	hin established limits.	. (Write in observed
☑ DIAGNOSTIC RECORD		ing modulient.		_
DATE AND TIME <u>08/30/2024 14:30:23</u>	J	☑ DETECTOR		
☑ PROGRAM ☑ FILTER 1				
☐ SAMPLE CHAMBER 48.7°C ☐ ☐ FILTER 2				
☐ BREATH TUBE 45.7°C ☐ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARD	S			
☐ SIMULATOR STANDARD		COMPRESSED ET	THANOL-GAS MIXT	URE
STANDARD SUPPLIER INTOXIMETERS	LOT#_	AG234103	EXP. DATE_	12/07/2024
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DAT	ГЕ
□ CALIBRATION CHECK - (ONLY ONE STAN Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to □ 0.10% STANDARD - MUST READ BE □ 0.08% STANDARD - MUST READ BE □ 0.04% STANDARD - MUST READ BE	o the standard being us ETWEEN 0.095% AND ETWEEN 0.076% AND	sed. D 0.105% INCLUSIVE D 0.084% INCLUSIVE	nd must have a sprea	ad
TEST 1: 0.100	EST 2: 0.099		TEST 3: 0.099	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWING	G RANGES SINCE TI	HE LAST MAINTEN	IANCE REPORT:
REFUSALS: 0 004: 0	0509: 0	.1014: 0	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	CATION THAT WAS MADE TO F	RESTORE THE INSTRUMENT TO	OPERATE SATISFACTORIL	
Sept. Maintenance				
INSPECTING OFFICER				
SIGNATURE		PRINT FULL NAME CORY W BRADSHAW		
TYPE II PERMIT NOMBER	EXPIRATION DATE	TELEPHONE NUM		
230071	04/14/2025	816-622-0		
RETURN COMPLETED REPORT TO THE Bre	eath Alcohol Program, mail, fax, or email	Missouri Department o	f Health and Senior S	Services



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

Lot # AG234103 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

0.100 ± 2% BrAC (260 ppm)

7-Dec-2024

108

Ethanol Nitrogen

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

RGM Serial No. EB0010581

Concentration 391.8 ppm 259.8 ppm

EB0010570 EB0010285 EB0010561

209.0 ppm 103.7 ppm

EB0010681 52.22 ppm **RGM Serial No.**

Concentration EB0010603 392.5 ppm 258.9 ppm EB0010559

EB0010562 EB0010579

104.2 ppm 52.94 ppm

CRM Serial No.

CC727481 CC727496 Concentration

800.0 ppm 253.0 ppm

CRM Serial No.

Concentration

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:12.09.2022 17:20

Approved for Release:

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07