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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

Part of the second of the seco						
Complete this report who	he time of the regular mor enever the instrument is s end a copy within 15 days	erviced or repaired and	whenever it is placed			
INTOX DMT SN 500093 NAME OF AGENCY Missouri State Highway Patrol				DATE OF INSPECTION 10/04/2024		
LOCATION OF INSTRUMENT (STR 17201 Paradesian S	REET AND CITY) treet, Smithville, Mo., 6	4089	3	TIME OF INSPECTION 09:01:20		
CHECKLIST: Place a m	nark in the box by each ite d). Unmarked items must	m if found to be satisfa be corrected before us	ctory or is operating ving instrument.	within established limits. (W	rite in observed	
☑ DIAGNOSTIC REC			3			
DATE AND TIME_	10/04/2024 09:01:22		☑ DETECTOR			
☑ PROGRAM	4		☑ FILTER 1			
	MBER 48.9°C		FILTER 2			
☑ BREATH TUBE	43.4°C		☑ FILTER 3	FILTER 3		
☑ PUMP ☑ INTERNAL STANDARD						
BREATH ANALYZER	ACCURACY STANDAR	DS				
☐ SIMULATOR STANDARD			☑ COMPRESSED	DMPRESSED ETHANOL-GAS MIXTURE		
☑ STANDARD SUPPL	IER INTOXIMETERS	LOT#_	AG234103	EXP. DATE 12	/07/2024	
☐ SIMULATOR TEMP	(34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE_		
of .005 or less. Mar ☑ 0.10% STA ☐ 0.08% STA	y a standard. All tillee les k the box corresponding t NDARD - MUST READ B NDARD - MUST READ B	to the standard being user the	sed. D 0.105% INCLUSIV D 0.084% INCLUSIV	Æ ,		
TEST 1: 0.099 TEST 2: 0.099				TEST 3: 0.099		
☑ PERFORM R.F.I. TEST				1	,	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS: 0	004: 1	.0509: 0	.1014: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESC ESTABLISHED LIMITS (USE OTHE October 2024 maintenance		EICATION THAT WAS MADE TO	RESTORE THE INSTRUMENT	TTO OPERATE SATISFACTORILY ANI	O WITHIN	
INSPECTING OFFICE	R					
SIGNATURE NU SET COST LABOR			CASEY O TUBBS			
TYPE II PERMIT NUMBER 230175		08/08/2025	TELEPHONE 1 816-622		e	
RETURN COMPLETE	, ы	reath Alcohol Program, mail, fax, or email	Missouri Departmen	t of Health and Senior Serv	ices	



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 7-Dec-2024 Cyl. Type 108 Component

Ethanol Nitrogen **Certified Concentration**

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.

Concentration 800.0 ppm CRM Serial No.

Concentration

CC727481 CC727496

253.0 ppm

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:

Rod Marsala

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