

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 monthly properties this report whenever the instrument is serviced Retain the original and send a copy within 15 days to the	ed or repaired and whenev	er it is placed into service.		
NAME OF AGENCY 500093 NAME OF AGENCY Missouri State Highway Patrol		DATE OF INSPECTION 11/05/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) 17201 Paradesian Street, Smithville, Mo., 64089		TIME OF INSPECTION 12:36:45		
CHECKLIST: Place a mark in the box by each item if f values where determined). Unmarked items must be co	ound to be satisfactory or orrected before using instr	is operating within established limits ument.	s. (Write in observed	
☑ DIAGNOSTIC RECORD				
DATE AND TIME 11/05/2024 12:36:48 ☑ DETECTOR				
☑ PROGRAM ☑ FILTER 1				
SAMPLE CHAMBER 48.8°C				
☑ BREATH TUBE 47.9°C ☑ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE				
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#_AG234	EXP. DATE	12/07/2024	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DA	TE	
□ CALIBRATION CHECK - (ONLY ONE STANDA Run three tests using a standard. All three tests m of .005 or less. Mark the box corresponding to the □ 0.10% STANDARD - MUST READ BETV □ 0.08% STANDARD - MUST READ BETV	e standard being used. VEEN 0.095% AND 0.105 VEEN 0.076% AND 0.084	% INCLUSIVE % INCLUSIVE	ead	
TEST 1: 0.099 TES	T 2: 0.098	TEST 3: 0.099	TEST 3: 0.099	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
REFUSALS: 0 004: 0 .05	09: 0 .101	4: 0 .1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION OF MODIFICATION	ON THAT WAS MADE TO RESTORE	THE INSTRUMENT TO OPERATE SATISFACTOR	ILY AND WITHIN	
INSPECTING OFFICER				
PRINT FULL NAM CASEY C		ULL NAME SEY O TUBBS		
TYPE II PERMIT NUMBER 230175	EXPIRATION DATE 08/08/2025	TELEPHONE NUMBER 816-622-0800		
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: 7-Dec-2022

Lot # AG234103 Model 108

Exp Date 7-Dec-2024 Cyl. Type 108 Component Ethanol

Ethanol Nitrogen **Certified Concentration**

0.100 ± 2% BrAC (260 ppm)

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

Concentration **RGM Serial No. RGM Serial No.** Concentration 392.5 ppm EB0010603 391.8 ppm EB0010581 258.9 ppm EB0010559 EB0010570 259.8 ppm 104.2 ppm EB0010562 209.0 ppm EB0010285 52.94 ppm EB0010579 103.7 ppm EB0010561 52.22 ppm EB0010681

CRM Serial No. Concentration CC727481 800.0 ppm CC727496 253.0 ppm

800.0 ppm 253.0 ppm CRM Serial No. CC727493 CC727498 Concentration 390.0 ppm

150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard cortification of analysis Location:Alrgas 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