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By Tracy Crews at 12:22 pm, Aug 30, 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 mo Complete this report whenever the instrument is s Retain the original and send a copy within 15 day	serviced or repaired and wh	nenever it is placed into	ed 35 days). o service.		
INTOX DMT \$N NAME OF AGENCY				DATE OF INSPECTION 08/28/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) Iron County Sheriff's Office 220 S. Shephe	TRUMENT (STREET AND CITY) y Sheriff's Office 220 S. Shepherd St.			TIME OF INSPECTION 14:23:11	
CHECKLIST Pace a mark in the box by each it values where determined). Unmarked items must	em if found to be satisfacto t be corrected before using	ry or is operating within instrument.	in established limits. (Wr	rite in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME <u>08/28/2024 14:23:13</u>		DETECTOR			
X PROGRAM	⊠	FILTER 1			
☐ BREATH TUBE 46.1°C ☐ FILTER 3					
⊠ PUMP	☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDAR	RDS				
SIMULATOR STANDARD	×	COMPRESSED ET	HANOL-GAS MIXTURE		
STANDARD SUPPLIER_INTOXIMETERS	S LOT # A	G335303	EXP. DATE 12/	/19/2025	
SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE _		
 CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread 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: 0.098	TEST 2: 0.098		TEST 3: 0.098		
☑ PERFORM R.F.I. TEST			•		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS: 0 004: 1	.0509: 1	1014: 1	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) Instrument moved to Iron County Sheriff's Office.					
INSPECTING OFFICER					
SIGNATURE Sauma	EXPIRATION DATE	E J GANIME TTELEPHONE NUN	NDED		
179E PERMIT NUMBER 230268	11/28/2025	573-840-9			
	Breath Alcohol Program, M by mail, fax, or email	lissouri Department of	f Health and Senior Serv	vices	



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: 19-Dec-2023

Lot # AG335303 Model 108

Exp Date 19-Dec-2025 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. CC727481

Concentration 799.4 ppm

CRM Serial No. CC727493 Concentration

CC727496

253.4 ppm

CC727498

389.8 ppm 150.2 ppm

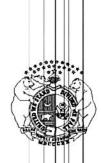
Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:12.21.2023 20:20

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

ERIC J. GANIME

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 12/7/2021	Lama & Nay		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 210281	Donned S. Kann m		
EXPIRES 12/7/2023			
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		

MO 580-0771 (6-10)

LAB-4 (R6-10)

