## RECEIVED

By Tracy Crews at 8:21 am, Dec 23, 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 Complete this report whenever the Retain the original and send a copy	instrument is serviced or rep within 15 days to the Breat	aired and whenever	it is placed int	to service.			
	<sup>ME OF AGENCY</sup> Missouri State Highway P	atrol		12/09/2024			
LOCATION OF INSTRUMENT (STREET AND CITY) BCSD 200 Oak St, Poplar Bluff				TIME OF INSPECTION 15:37:24			
CHECKLIST: Place a mark in the values where determined). Unmark	box by each item if found to	be satisfactory or is before using instrum	operating with	in established limits. (Wri	ite in observed		
☑ DIAGNOSTIC RECORD		3					
DATE AND TIME 12/09/2024 15:37:27							
□ PROGRAM □ FILTER 1							
☐ SAMPLE CHAMBER 48.7°C ☐ FILTER 2							
☐ BREATH TUBE 46.2°C		☑ FILTE	R 3				
□ PUMP			NAL STANDA	ARD			
BREATH ANALYZER ACCURAC	CY STANDARDS						
☐ SIMULATOR STANDARD	)		RESSED ET	HANOL-GAS MIXTURE			
STANDARD SUPPLIER INT	OXIMETER	LOT#_AG4321	02	EXP. DATE 11/	16/2026		
☐ SIMULATOR TEMP (34°C ± 0	.2°C)	SIM. SN		SIM. NIST EXP DATE_			
0.08% STANDARD -	corresponding to the standa MUST READ BETWEEN 0. MUST READ BETWEEN 0. MUST READ BETWEEN 0.	rd being used. 095% AND 0.105% 076% AND 0.084% 038% AND 0.042%	INCLUSIVE INCLUSIVE				
TEST 1: 0.100 TEST 2:		2: 0.100		TEST 3: 0.100			
PERFORM R.F.I. TEST							
INDICATE THE NUMBER OF BI	REATH TESTS IN THE FO	DLLOWING RANGE	S SINCE TH	IE LAST MAINTENANC	CE REPORT:		
REFUSALS: 0 004: 0	.0509: 1	.1014:		.1519: 1	OVER .19: 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ALL ESTABLISHED LIMITS (USE OTHER SIDE IF NEW	CESSARY)	AS MADE TO RESTORE TH	EINSTRUMENTIO	OPERATE SATISFACIONELY AND			
INSPECTING OFFICER							
SIGNATURE		PRINT FULI					
TYPE II PERMITNUMBER 230273		10N DATE 8/2025	TELEPHONE NUM	1BER			
RETURN COMPLETED REPOR	RT TO THE Breath Alcoho by mail, fax, or		Department o	f Health and Senior Servi	ices		

## STANDARD CHANGE

Missouri State Highway Patrol

INTOX dmt: 500104

Date: 12/09/2024 Time: 15:46:21

OPERATOR NAME: B L RIEFLE

PERMIT NUMBER: 230273

EXPIRATION DATE: 11/28/2025

LOT #: AG432102

SUPPLIER: INTOXIMETER EXPIRATION: 11/16/2026 SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION CONCENTRATION: 0.100

TARGET: 0.098

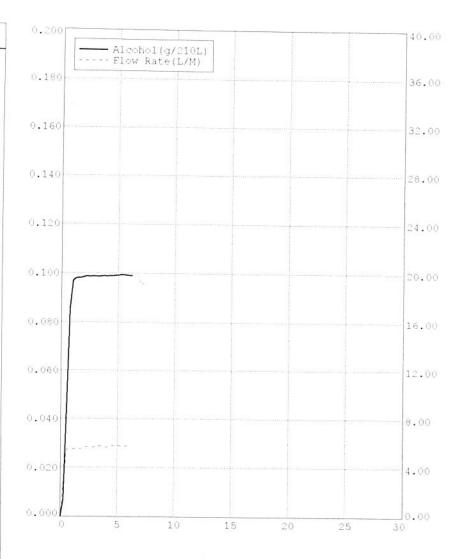
 BLANK TEST
 0.000
 15:47

 INTERNAL STANDARD
 VERIFIED
 15:47

 EXTERNAL STANDARD
 0.099
 15:47

 BLANK TEST
 0.000
 15:48

Average = 0.0990 Std Dev = 0.0000 Spread = 0.0000



BI Dh



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-Nov-2024

Lot # AG432102 Model 108

**Exp Date** 

Cyl. Type

Component

Certified Concentration

16-Nov-2026

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		

CRM Serial No.

Concentration

**CRM Serial No.** 

Concentration

CC727481 CC727496 799.4 ppm 253.4 ppm

CC727493 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:11.22.2024 07:37

Approved for Release:

Yusef Woods

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