By Tracy Crews at 1:08 pm, Jul 11, 2024



#### MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

#### INTOX DMT MAINTENANCE REPORT

REPORT #1

LAB-166

Complete this report w	t the time of the regular h henever the instrument is send a copy within 15 d	s serviced or repaired an	d whenever it is placed i	ceed 35 days). nto service.		
INTOX DMT SN 500106	X DMT SN NAME OF AGENCY				DATE OF INSPECTION 07/02/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) Shelbina PD 116 E. Walnut St, Shelbina, Mo 63468				TIME OF INSPECTION 15:30:46		
CHECKLIST: Place a values where determin	mark in the box by each ed). Unmarked items mu	item if found to be satisfa st be corrected before us	actory or is operating wit		/rite in observed	
☑ DIAGNOSTIC RE						
DATE AND TIME	07/02/2024 15:30:50		☑ DETECTOR			
☑ PROGRAM			☑ FILTER 1			
SAMPLE CHAMBER 48.7°C						
☑ BREATH TUBE 47.2°C ☑ FILTER 3						
☑ PUMP ☑ INTERNAL STANDARD						
BREATH ANALYZER	ACCURACY STANDA	RDS				
	☐ SIMULATOR STANDARD ☐ COMPRESSE			ETHANOL-GAS MIXTURE		
STANDARD SUPP	LIER INTOXIMETER	S LOT#_	AG320501	EXP. DATE _ 07/	/24/2025	
☐ SIMULATOR TEMP	,	SIM. SN		SIM. NIST EXP DATE_		
□ 0.08% STA	ECK - (ONLY ONE ST, ng a standard. All three to rk the box corresponding NDARD - MUST READ NDARD - MUST READ NDARD - MUST READ	to the standard being us BETWEEN 0.095% ANI BETWEEN 0.076% ANI	sed. D 0.105% INCLUSIVE D 0.084% INCLUSIVE	d must have a spread		
TEST 1: 0.099		TEST 2: 0.099		TEST 3: 0,099		
PERFORM R.F.I. T	EST					
INDICATE THE NUMB	ER OF BREATH TEST	S IN THE FOLLOWING	RANGES SINCE TH	E LAST MAINTENANC	E REPORT:	
REFUSALS: 0	004: 0	.0509: 0	.1014: 0	15- 19: 0	OVER 10:0	
LIST ANY NEW PARTS AND DESC ESTABLISHED LIMITS (USE OTHE	CRIBE ANY ALTERATION OR MODI R SIDE IF NECESSARY)	FICATION THAT WAS MADE TO R	ESTORE THE INSTRUMENT TO C	PERATE SATISFACTORILY AND	WITHIN	
INSPECTING OFFICER						
SIGNATURE						
-//	200-		PRINT FULL NAME  TYLER C FULLER			
YPE II PERMIT NUMBER 240031		EXPIRATION DATE 02/05/2026	TELEPHONE NUMBE 660-385-21			
RETURN COMPLETED	ы	reath Alcohol Program, N mail, fax, or email			es	
O 580-2898 (5-19)		AN EQUAL OPPORTUNITY/AFFIR	RMATIVE ACTION EMPLOYER		LAD 400	

services provided on a nondiscriminatory basis



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: 26-Jul-2023

Lot # AG320501 Model 108

**Exp Date** 24-Jul-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.** EB0010581 EB0010570

Concentration 391.8 ppm

209.0 ppm 103.7 ppm

259.8 ppm

52.22 ppm

**RGM Serial No.** 

EB0010603 EB0010559

EB0010562 EB0010579 Concentration

392.5 ppm 258.9 ppm 104.2 ppm

52.94 ppm

**CRM Serial No.** 

CC727481 CC727496

EB0010285

EB0010561

EB0010681

Concentration

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 certification of analysis Location:Airgas USA LLC (Lab) Date:07.26.2023 12:45

Approved for Release:

Porl Marsola

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

# TYLER FULLER

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

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections

#### **INTOX DMT**

577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo	Mile Massur
DATE2/5/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER <b>240031</b>	Davla J. Nichelson
EXPIRES 2/5/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired ai in Missouri.

Operator FULLER, TYLER

Permit No 240031

Date Issued 2/5/2024 Date Expires 2/5/2026

