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By Tracy Crews at 7:30 am, Sep 16, 2024



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

	Breath Alcohol Program, by mail, fax, or email	Missouri Departmer	nt of Health and Senior Service	ces	
240167	08/06/2026	573-36			
TYPE PERMIT NUMBER	EXPIRATION DATE	GREGORY R N	NUMBER		
S SNATURE	AND ALC: NUMBER	PRINT FULL NAME	AORAV/EC		
INSPECTING OFFICER		' I STATE			
-					
ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	SELECTION TENS WHOLE TO B	and the tree stores			
REFUSALS: 0 0-04 1	.05- 09 0	10- 14: 0	15- 19 1	OVER 19 0	
INDICATE THE NUMBER OF BREATH TEST	TS IN THE FOLLOWING	RANGES SINCE			
☑ PERFORM R F.I. TEST					
TEST 1 0.097	TEST 2: 0.098		TEST 3. 0.097		
0 04% STANDARD - MUST READ	BETWEEN 0.038% AND	0.042% INCLUSI\	/E		
☐ 0 08% STANDARD - MUST READ					
 □ 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 					
SIMULATOR TEMP (34°C ± 0.2°C)	SIM, SN	ED PER MAINTEN	SIM. NIST EXP DATE		
STANDARD SUPPLIER INTOXIMETERS		AG234103	EXP. DATE 12/0	J//2U24	
SIMULATOR STANDARD			ETHANOL-GAS MIXTURE	77/2024	
BREATH ANALYZER ACCURACY STANDAR		7	ETHANOL CAR MIVELIDE		
□ PUMP		INTERNAL STA	NDARD		
☑ BREATH TUBE 42.8°C		FILTER 3			
☑ SAMPLE CHAMBER 48.8°C		FILTER 2			
☑ PROGRAM		FILTER 1			
DATE AND TIME <u>09/06/2024 14:33:09</u>	_	DETECTOR			
☑ DIAGNOSTIC RECORD					
CHECKLIST: Place a mark in the box by each it values where determined) Unmarked items mus	tem if found to be satisfac at be corrected before usi	ctory or is operatinging instrument	within established limits_(VVri	ite in observed	
204 East Fifth, Salem, MO 65560			14:33:06		
500113 Missouri Staf	te Highway Patrol		TIME OF INSPECTION		
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS NICK DMT Str. NAME OF AGENCY			DATE OF INSPECTION 09/06/2024		
Complete this report whenever the instrument is	serviced or repaired and	whenever it is place			
Complete this report at the time of the regular ma	onthly preventive mainten	ance check (not to	exceed 35 days)		



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 DateCyl. TypeComponentCertified Concentration7-Dec-2024108Ethanol
Nitrogen0.100 ± 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	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	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

Rod Marsala

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

GREGORY R. MORAVEC

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

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 1	through 577.041, RSMo and 306.111 through 306.119 RSMo.	Mike Massin
DATE	8/6/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	240167	Davla I. nichelson
EXPIRES	8/6/2026	Tanta S. 1 Lettelson

MO 580 0771 (6 10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB 4 (R6-10)



Permit No 240167

