

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 days	erviced or repaired and	whenever it is placed	ceed 35 days). nto service.	
	Highway Patrol		DATE OF INSPECTION 06/03/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) 108 Grand Ave, Doniphan, Missouri 63935	6		TIME OF INSPECTION 15:04:38	
CHECKLIST: Place a mark in the box by each ite values where determined). Unmarked items must	em if found to be satisfa	ctory or is operating wi	thin established limits. (W	rite in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>06/03/2024 15:04:41</u>	5	☑ DETECTOR		
☑ PROGRAM		☑ FILTER 1		
☑ SAMPLE CHAMBER 48.9°C		☑ FILTER 2		
☑ BREATH TUBE 43.4°C		☑ FILTER 3		
☑ PUMP		☑ INTERNAL STAN	DARD	
BREATH ANALYZER ACCURACY STANDAR	DS		n, 2000-00-0	
☐ SIMULATOR STANDARD		☑ COMPRESSED E	THANOL-GAS MIXTURE	
	LOT#_	AG335001	EXP. DATE 12/	16/2025
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE	
<ul> <li>□ CALIBRATION CHECK - (ONLY ONE STAR un three tests using a standard. All three tests of .005 or less. Mark the box corresponding to 0.10% STANDARD - MUST READ E</li> <li>□ 0.08% STANDARD - MUST READ E</li> <li>□ 0.04% STANDARD - MUST READ E</li> </ul>	o the standard being us ETWEEN 0.095% AN ETWEEN 0.076% AN	sed. D 0.105% INCLUSIVE D 0.084% INCLUSIVE	NCE REPORT) nd must have a spread	
TEST 1: 0.098	TEST 2: 0.098		TEST 3: 0.099	
□ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS	S IN THE FOLLOWING	G RANGES SINCE T	HE LAST MAINTENANC	CE REPORT:
	0509: 1	.1014: 2	.1519: 1	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIF				
ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)  Standard change conducted  Time adjusted.  First maintenance test displayed error. Second test pass This instrument falls within DHSS standards.				
INSPECTING OFFICER				
SIGNATURE		PRINT FULL NAME JUSTIN C JOHNS	SON	
TYPE II PERMIT MUMBER 230270	11/28/2025	573-840-		
RETURN COMPLETED REPORT TO THE Br	eath Alcohol Program, mail, fax, or email	Missouri Department o	f Health and Senior Servi	ces



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Pb. (314) 533 3100

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: 18-Dec-2023

Lot # AG335001 Model 108

Exp Date 16-Dec-2025 Cyl. Type 108 Component Ethanol

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Nitrogen

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 I	No. Concentration
EB0010603	392.5 ppm
EB0010559	258.9 ppm
EB0010562	104.2 ppm
EB0010579	52.94 ppm

<b>CRM Serial</b>	No.
CC727481	
CC727496	

Concentration 799.4 ppm 253.4 ppm CRM Serial No. CC727493 CC727498 Concentration 389.8 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Afgas USA LLC (Lab) Date:12.21.2023 19:57

Approved for Release:

Yusef Woods

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

## STANDARD CHANGE

Missouri State Highway Patrol

INTOX dmt: 500119

Date: 06/03/2024 Time: 14:49:42

OPERATOR NAME: JUSTIN C JOHNSON

PERMIT NUMBER: 230270 EXPIRATION DATE: 11/28/2025

LOT #: AG335001

SUPPLIER: INTOXIMETERS EXPIRATION: 12/16/2025 SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION CONCENTRATION: 0.100

TARGET: 0.098

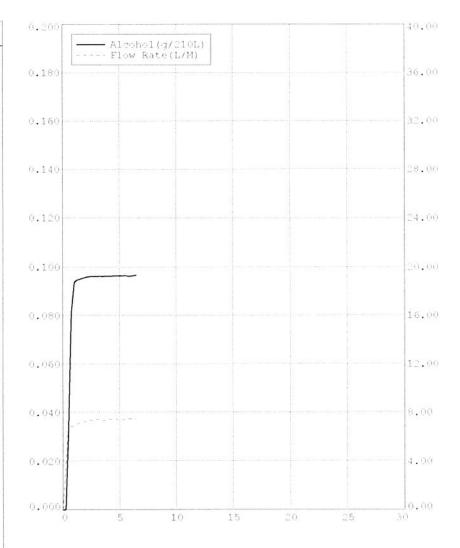
 BLANK TEST
 0.000
 14:50

 INTERNAL STANDARD
 VERIFIED
 14:50

 EXTERNAL STANDARD
 0.097
 14:51

 BLANK TEST
 0.000
 14:51

Average = 0.0970 Std Dev = 0.0000 Spread = 0.0000



J. C. Jhor u