

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

INTOX DMT MAINTENANCE REPORT

REPORT #1

- SAME INTOX DIVITIO	MAINTENANCE INC					
Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.						
INTOX DMT SN 500125	NAME OF AGENCY Missouri State Highway Patrol				DATE OF INSPECTION 07/02/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) 518 N. Lincoln St., Kahoka Clark County S.O.					13:06:12	
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.						
☑ DIAGNOSTIC RECORD						
DATE AND TIME 07/02/2024 13:06:15						
☑ PROGRAM ☑ FILTER 1						
SAMPLE CHAMBER	SAMPLE CHAMBER 48.8°C					
☑ BREATH TUBE 46.7°C ☑ FILTER 3						
☑ PUMP ☑ INTERNAL STANDARD						
BREATH ANALYZER ACCURACY STANDARDS						
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE						
STANDARD SUPPLIER IN	NTOXIMETERS	LOT#/	AG33530	03	EXP. DATE 12/19	9/2025
☐ 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: 0.097		2: 0.097			TEST 3: 0.097	
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS: 0 004: (.1014: (.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) MEETS DHSS STANDARDS. ADJUSTED TIME.						
INSPECTING OFFICER						
SIGNATURE PRINT FULL NAME ZACHARY S HORRELL						
TYPE PERMIT MUMBER 441/4 4 4 4 4 4 4 4 4 4	5	02/05/2026	1	TELEPHONE NUI 660-385-2	MBER	
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services						
by mail, fax, or email						



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

Cyl. Type

Component

Certified Concentration

19-Dec-2025

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 EB0010570

391.8 ppm 259.8 ppm

EB0010603 EB0010559 392.5 ppm

EB0010285

258.9 ppm

EB0010561

209.0 ppm

EB0010562

104.2 ppm

103.7 ppm

52.94 ppm

EB0010681

52.22 ppm

EB0010579

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

ally signed by:Quality Control son:Dry gas standard certification of analysis titon:Airgas USA LLC (Lab) :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

ZACHARY S. HORRELL

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

	termination of the alcoholic content of blood from a sample o	
577.020 1	through 577.041, RSMo and 306.111 through 306.119 RSMo	Mike Massur
DATE	2/5/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	240034	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 alconol instrument for the determination of the alcoholic content in breath form of expired al. in Missouri.

Operator HORRELL, ZACHARY

Permit No 240034 Date Issued 2/5/2024

Date Expires 2/5/2026

