

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 monthly Complete this report whenever the instrument is serving Retain the original and send a copy within 15 days to	ced or repaired and w	henever it is placed in	eed 35 days). nto service.			
INTOX DMT SN NAME OF AGENCY 500125 Missouri State Hi	ghway Patrol		08/31/2024			
LOCATION OF INSTRUMENT (STREET AND CITY) 518 N. Lincoln St., Kahoka Clark County S.O.			10:09:35			
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 08/31/2024 10:09:38						
☑ PROGRAM ☑ FILTER 1						
☑ SAMPLE CHAMBER 48.8°C ☑ FILTER 2						
☑ BREATH TUBE 45.3°C ☑ FILTER 3						
☑ PUMP ☑ INTERNAL STANDARD						
BREATH ANALYZER ACCURACY STANDARDS						
☐ SIMULATOR STANDARD ☑ COMPRESSED ETHANOL-GAS MIXTURE						
STANDARD SUPPLIER INTOXIMETERS	LOT#_A	G335303	EXP. DATE 12	/19/2025		
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN_		SIM. NIST EXP DATE_			
<ul> <li>□ 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</li> </ul>						
			TEST 3: 0,097			
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWING	RANGES SINCE T	HE LAST MAINTENAN	CE REPORT:		
		1014: 0	.1519: 0	OVER .19: 1		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICAT ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)		STORE THE INSTRUMENT TO	OPERATE SATISFACTORILY AND	D WITHIN		
MEETS DHSS STANDARDS. ADJUSTED TIME.						
INSPECTING OFFICER						
SIGNATURE	RE		PRINT FULL NAME ZACHARY S HORRELL			
TYPE II PERMIT NUMBER HOTTE!	EXPIRATION DATE	TELEPHONE NU 660-385-	MBER			
240034  RETURN COMPLETED REPORT TO THE Breed	02/05/2026			ioos		
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** 19-Dec-2025 Cyl. Type

Component Ethanol

**Certified Concentration** 

108

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. CC727481

Concentration 799.4 ppm

CRM Serial No.

Concentration

CC727496

253.4 ppm

CC727493 CC727498

389.8 ppm 150.2 ppm

Analytical Method: NDIR

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**

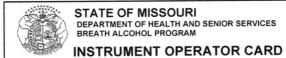
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

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MO 580-0771 (6-10)

LAB-4 (R6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 HORRELL, ZACHARY

Permit No 240034

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

