RECEIVED

By Tracy Crews at 7:47 am, Jun 13, 2024



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 Complete this report whenever Retain the original and send a	the instrument is service	preventive maintenance che d or repaired and wheneve	r it is placed into			
INTOX DMT SN 500127	Missouri State Highway Patrol			06/01/2024		
LOCATION OF INSTRUMENT (STREET AND Knox Co SO, 107 N 4th St				TIME OF INSPECTION 21:24:38		
CHECKLIST: Place a mark in values where determined). Unr	the box by each item if for	ound to be satisfactory or is	operating within	established limits. (W	rite in observed	
☑ DIAGNOSTIC RECORD					7	
DATE AND TIME06/01/2024 21:24:41						
☑ PROGRAM	☑ PROGRAM ☑ FILTER 1					
SAMPLE CHAMBER	48.9°C		R 2			
BREATH TUBE 46.7	°C	☑ FILT	R 3			
■ PUMP INTERNAL STANDARD						
BREATH ANALYZER ACCU	RACY STANDARDS					
☐ SIMULATOR STANDARD		⊠ COM	☑ COMPRESSED ETHANOL-GAS MIXTURE		<u> </u>	
STANDARD SUPPLIER_	NTOXIMETERS	LOT#_AG320	502	EXP. DATE 07	/24/2025	
☐ SIMULATOR TEMP (34°C	± 0.2°C)	SIM. SN	SI	M. NIST EXP DATE_	· · · · · · · · · · · · · · · · · · ·	
☐ 0.08% STANDAR	D - MUST READ BETW	/EEN 0.095% AND 0.105% /EEN 0.076% AND 0.084% /EEN 0.038% AND 0.042%	6 INCLUSIVE			
TEST 1: 0.098	TEST	2: 0.097		TEST 3: 0.097		
PERFORM R.F.I. TEST						
INDICATE THE NUMBER O	F BREATH TESTS IN	THE FOLLOWING RANG	ES SINCE THE	LAST MAINTENAN	ICE REPORT:	
REFUSALS: 0 004	: 0 .050	09: 0 .1014	0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE A ESTABLISHED LIMITS (USE OTHER SIDE	NY ALTERATION OR MODIFICATION IF NECESSARY)	IN THAT WAS MADE TO RESTORE T	HE INSTRUMENT TO OF	PERATE SATISFACTORILY AN	ID WITHIN	
INSPECTING OFFICER SIGNATURE TYPE II PERMIT MOMBER 240040		PRINT FU ROY EXPIRATION DATE 02/05/2026	LL NAME T SMITH TELEPHONE NUMB 660-385-21			
RETURN COMPLETED RE	Dieath	Alcohol Program, Missou I, fax, or email	i Department of h	Health and Senior Ser	vices	



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: 1-Aug-2023

Lot # AG320502 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. Concentration
EB0010581 391.8 ppm
EB0010570 259.8 ppm
EB0010285 209.0 ppm
EB0010561 103.7 ppm
EB0010681 52.22 ppm

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

CRM Serial No. CC727481 CC727496

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:08 10 2023 09:48

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 ROY T. SMITH

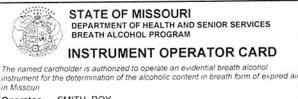
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX DMT

for the de	termination of the alcoholic content of blood from a sample of	expired air. Permit issued under the provisions of sections
577.020 t	hrough 577.041, RSMo and 306.111 through 306.119 RSMo	Mike Massur
DATE	2/5/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	240040	Davla I. Nichelson
EXPIRES	2/5/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



Operator SMITH, ROY Permit No 240040

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

