KECEIVED

By Tracy Crews at 6:57 am, Dec 13, 2024



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

INTOX DMT MAINTENANCE REPORT

omplete this report at	the time of the regula	r monthly preventive m	ointa	ance check (not to exce			REPOR
INTOX DMT SN	send a copy within 15	days to the Breath Ald	d and volume	ance check (not to exco whenever it is placed in Program, DHSS.	eed 35 days). to service.		
500128	Missouri S	er State Highway Patrol			DATE OF INSPECTION		
Marion County SO, 1703 Marion City Rd., Palmyra					12/02/2024		
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating will values where determined). Unmarked items must be corrected before using instrument.					TIME OF INSPECTION 08:49:43		
DIAGNOSTIC REC	d). Unmarked items m	nust be corrected before	e using	ory or is operating withing instrument.	n established limits. (\	Write in observed	
	12/02/2024 08:49:4						
☑ PROGRAM	12/02/2024 08:49:4	6	⊠	DETECTOR			
☑ SAMPLE CHAM	IRER 49 7°C		Ø	FILTER 1			
☑ BREATH TUBE			Ø	FILTER 2			
☑ PUMP	40.1 C	_	Ø	FILTER 3			
BREATH ANALYZER A	CCLIBACY STANDA		X	INTERNAL STANDAR	RD		
☐ SIMULATOR ST	ANDARD	ARDS					
STANDARD SUPPLI		00	⊠	COMPRESSED ETHA	NOL-GAS MIXTURE		
SIMULATOR TEMP (34°C + 0.2°C)		#_AG	320501	EXP. DATE 07.		
CALIBRATION CHECK Run three tests using of .005 or less. Mark	K - (ONLY ONE OF	SIM. S	N	SIN			
☐ 0.08% STANE	DARD - MUST READ	BETWEEN 0.095% A BETWEEN 0.076% A BETWEEN 0.038% A	ND 0.	105% INCLUSIVE			
0.000	TEST 2: 0.099				ST 2: 0.000		
PERFORM R.F.I. TES					EST 3: 0.099		
DICATE THE NUMBER	OF BREATH TEST	S IN THE FOLLOWI	NG RA	NGES SINCE THE			
FUSALS: 0 0	04: 0	.0509: 0	10-	14: 1	AST MAINTENANC	E REPORT:	
ANY NEW PARTS AND DESCRIB ABLISHED LIMITS (USE OTHER SI	E ANY ALTERATION OR MODI DE IF NECESSARY)	FICATION THAT WAS MADE TO	RESTOR	RE THE INSTRUMENT TO OPER	5 19: 0	OVER .19: 0	
					TO DATISPACTORILY AND W	VITHIN	
							1
PECTING OFFICER							-
ATURE	,		PRINT	FULL NAME			
PERMIT NUMBER		Isyan	BRE	ETT D TAPPENDOR	F		
N COMPLETED DE		02/05/2026		660-385-2132			\rightarrow
N COMPLETED RE	PORT TO THE Bre	eath Alcohol Program, I	Vissou	ri Department of Health	and Senior Services		_
0-2898 (5-19)		AN EQUAL OPPORTUNITY/AFF					
		EQUIPMENT TO A TO THE TOTAL TOT	INDA HVE	ACTION EMPLOYER			1



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: 26-Jul-2023

Lot # AG320501 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

RGM Serial No.

Concentration

EB0010581 EB0010570 391.8 ppm

EB0010603

392.5 ppm

259.8 ppm

EB0010559

258.9 ppm

EB0010285

209.0 ppm

EB0010562

EB0010561 EB0010681

103.7 ppm

EB0010579

104.2 ppm 52.94 ppm

CRM Serial No.

52.22 ppm

CRM Serial No.

Concentration

CC727481 CC727496

800.0 ppm 253.0 ppm

Concentration

CC727493 CC727498

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:07.26.2023 12:45

Approved for Release:

Porl Marsola

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

BRETT D. TAPPENDORF

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

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

INTOX DMT

DATE2/5/2024	Mike Massur
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240041	
EXPIRES 2/5/2026	Davla I. Nichelson
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
AO 500 0774 (C 40)	

MO 580-0771 (6-10)

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator TAPPENDORF, BRETT

Permit No 240041

