

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

INTOX DMT MAINTENANCE REPORT

REPORT #1

INTOX DIVIT MAINTENANCE	1121 0111				
Complete this report at the time of the regular month Complete this report whenever the instrument is sen Retain the original and send a copy within 15 days to	viced or repaired and whe	enever it is placed			
1010X DM1 St. NAME OF AGENCY 500132 Nissouri State H				DATE OF INSPECTION 07/01/2024	
Potosi PD #1 Police Plaza, Potosi			TIME OF INSPECTION 07:13:52		
CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be	if found to be satisfactory corrected before using ir	or is operating wastrument.	rithin established limits.	(Write in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME 07/01/2024 07:13:56					
☑ PROGRAM	⊠ F	FILTER 1			
☑ SAMPLE CHAMBER 48.7°C	\Bigsilon	FILTER 2			
☑ BREATH TUBE 45.7°C	⊠ F	FILTER 3			
□ PUMP □ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDARDS	S	THE TAXABLE SALES AND ADMINISTRATION OF THE PARTY OF THE			
☐ SIMULATOR STANDARD	X (COMPRESSED E	THANOL-GAS MIXTU	RE	
☑ STANDARD SUPPLIER INTOXIMETERS	LOT# <u>AG</u>	234103	EXP. DATE_	12/07/2024	
SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATI	E	
□ CALIBRATION CHECK - (ONLY ONE STANI Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to □ 0 10% STANDARD - MUST READ BE □ 0.08% STANDARD - MUST READ BE □ 0.04% STANDARD - MUST READ BE	the standard being used. TWEEN 0.095% AND 0.1 TWEEN 0.076% AND 0.0	105% INCLUSIVI 084% INCLUSIVI	 E		
TEST 1: 0.098	TEST 2: 0.098		TEST 3: 0.099		
☑ PERFORM R F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWING R	ANGES SINCE	THE LAST MAINTEN	ANCE REPORT:	
REFUSALS: 0 004: 5 .0:	509: 0 .10)14: 0	.1519: 3	OVER .19: 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ATION THAT WAS MADE TO REST	ORE THE INSTRUMENT	TO OPERATE SATISFACTORILY	AND WITHIN	
INSPECTING OFFICER					
SIGNATURE		NT FULL NAME LEX J SHIBLE	Y		
(ССОУ) & М. М., У ТУРЕ «РЕЯМІТ ПОМВЕЙ 230306	EXPIRATION DATE 12/11/2025	TELEPHONE N 636-300	IUMBER		
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: 7-Dec-2022

Lot # AG234103 Model 108

Exp Date 7-Dec-2024 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	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.
 Concentration
 CRM Serial No.
 Concentration

 CC727481
 800.0 ppm
 CC727493
 390.0 ppm

 CC727496
 253.0 ppm
 CC727498
 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason.Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:12 09:2022 17:20

Approved for Release:

Rod Marsala

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



MO 580-0771 (6-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM**



PERMIT TYPE II

ALEX J. SHIBLEY

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 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. Mike Massur-DATE ____12/11/2023 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER **230306** Davla I. Nichelson EXPIRES 12/11/2025 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB-4 (R6-10)

