By Tracy Crews at 7:11 am, Sep 30, 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 of the regular month Complete this report whenever the instrument is ser Retain the original and send a copy within 15 days t	rviced or repaired and w	henever it is placed in	(14는 C. T. 마니크 (14. C.) (14. C.) (1. C.) (1. C.)	4	
INTOX DMT SN NAME OF AGENCY 500138 Missouri State H	Highway Patrol		09/29/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) 301 N. Second Street, St. Charles			TIME OF INSPECTION 16:37:44		
CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be	if found to be satisfacte e corrected before using	ory or is operating wit g instrument.	hin established limits. (W	/rite in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME <u>09/29/2024 16:37:47</u>	DETECTOR				
☑ PROGRAM	×	FILTER 1			
☑ SAMPLE CHAMBER 48.8°C		FILTER 2			
☑ BREATH TUBE 47.4°C		FILTER 3			
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDARDS	S				
☐ SIMULATOR STANDARD		COMPRESSED ET	THANOL-GAS MIXTURE	E	
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#_A	G335303	EXP. DATE 12	2/19/2025	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE		
 □ 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 use TWEEN 0.095% AND TWEEN 0.076% AND	ed. 0.105% INCLUSIVE 0.084% INCLUSIVE	nd must have a spread		
TEST 1: 0.099	EST 2: 0.099		TEST 3: 0.100		
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWING	RANGES SINCE TO	HE LAST MAINTENAN	ICE REPORT:	
REFUSALS: 0 004: 2 .0:	0509: 0	1014: 1	.1519: 0	OVER .19: 3	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ATION THAT WAS MADE TO RE	STORE THE INSTRUMENT TO	OPERATE SATISFACTORILY AN	D WITHIN	
INSPECTING OFFICER					
		PRINT FULL NAME CLAY R KNOX			
TYPE II PERMIT NUMBER 240025	01/26/2026	636-300-2			
	eath Alcohol Program, M mail, fax, or email	lissouri Department o	f Health and Senior Serv	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: 19-Dec-2023

Lot # AG335303 Model 108

Exp Date 19-Dec-2025 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	•9	

 CRM Serial No.
 Concentration
 CRM Serial No.
 Concentration

 CC727481
 799.4 ppm
 CC727493
 389.8 ppm

 CC727496
 253.4 ppm
 CC727498
 150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date: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

CLAY KNOX

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

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections

DATE 1/26/2024

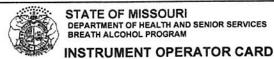
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

EXPIRES 1/26/2026

DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES

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 ai in Missouri.

Operator KNOX, CLAY Permit No 240025

Date Issued 1/26/2024 Date Expires 1/26/2026

