

By Brian Lutmer at 9:56 am, Nov 04, 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 monthl Complete this report whenever the instrument is servi Retain the original and send a copy within 15 days to	iced or repaired and whene	ver it is placed into service.			
INTOX DMT SN NAME OF AGENCY 500138 Missouri State Hi		DATE OF INSPECTION 11/02/2024			
LOCATION OF INSTRUMENT (STREET AND CITY) 301 N. Second Street, St. Charles		TIME OF INSPEC 12:26:43	TION		
CHECKLIST: Place a mark in the box by each item i values where determined). Unmarked items must be	f found to be satisfactory or corrected before using inst	is operating within established rument.	limits. (Write in observed		
☑ DIAGNOSTIC RECORD					
DATE AND TIME 11/02/2024 12:26:46 ☑ DETECTOR					
☑ PROGRAM ☑ FILTER 1					
SAMPLE CHAMBER 48.8°C					
☑ BREATH TUBE 48.1°C ☑ FILTER 3					
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDARDS					
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE					
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#_AG33	5303 EXP. D	ATE 12/19/2025		
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXF	P DATE		
 ☑ CALIBRATION CHECK - (ONLY ONE STAND Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to the ☑ 0.10% STANDARD - MUST READ BET ☐ 0.08% STANDARD - MUST READ BET ☐ 0.04% STANDARD - MUST READ BET 	ne standard being used. WEEN 0.095% AND 0.109 WEEN 0.076% AND 0.084	5% INCLUSIVE 1% INCLUSIVE	spread		
TEST 1: 0.099 TES	TEST 2: 0.100		TEST 3: 0.100		
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWING RAN	GES SINCE THE LAST MAIN	NTENANCE REPORT:		
REFUSALS: 0 004: 0 .05	09: 3	4: 2 .1519: 0	OVER .19: 1		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICA' ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	TION THAT WAS MADE TO RESTORE	THE INSTRUMENT TO OPERATE SATISFA	CTORILY AND WITHIN		
INSPECTING OFFICER					
PRINT FULL N		ULL NAME XY R KNOX			
TYPE II PERMIT NUMBER 240025	EXPIRATION DATE 01/26/2026	TELEPHONE NUMBER 636-300-2800			
	th Alcohol Program, Missou ail, fax, or email	ıri Department of Health and Se	enior Services		



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	₩	

 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

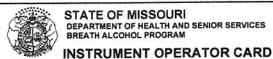
NUMBER 240025

EXPIRES 1/26/2026

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR 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 air in Missouri.

Operator KNOX, CLAY

Permit No 240025

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

