NECLIVED

By Tracy Crews at 9:13 am, Jun 10, 2024



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

		25 days)		
Complete this report at the time of the regular monthly preventive r Complete this report whenever the instrument is serviced or repair Retain the original and send a copy within 15 days to the Breath A	ed and whenever it is place	exceed 35 days). d into service.		
INTOX DMT SN NAME OF AGENCY 500155 Missouri State Highway Patrol		06/02/2024	06/02/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) ADAIR CO SO, 215 N. FRANKLIN ST, KIRKSVILLE, MO		17:21:18	TIME OF INSPECTION 17:21:18	
CHECKLIST: Place a mark in the box by each item if found to be values where determined). Unmarked items must be corrected be	satisfactory or is operating fore using instrument.	within established limits. (Wr	ite in observed	
☑ DIAGNOSTIC RECORD				
DATE AND TIME06/02/2024 17:21:21	☑ DETECTOR			
☑ PROGRAM	☑ FILTER 1	☑ FILTER 1		
☑ SAMPLE CHAMBER 48.7°C	☑ FILTER 2	☑ FILTER 2		
☑ BREATH TUBE 48.1°C	☑ FILTER 3	FILTER 3		
□ PUMP □ □ □ □ □ □ □ □ □ □ □ □	☑ INTERNAL STA	INTERNAL STANDARD		
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD		ETHANOL-GAS MIXTURE		
☐ STANDARD SUPPLIER INTOXIMETERS L	OT# AG320501	EXP. DATE	24/2025	
☐ SIMULATOR TEMP (34°C ± 0.2°C) SI	M. SN	SIM. NIST EXP DATE		
 CALIBRATION CHECK - (ONLY ONE STANDARD IS TO Run three tests using a standard. All three tests must be within of .005 or less. Mark the box corresponding to the standard be 0.10% STANDARD - MUST READ BETWEEN 0.095 □ 0.08% STANDARD - MUST READ BETWEEN 0.076 □ 0.04% STANDARD - MUST READ BETWEEN 0.036 	being used. 5% AND 0.105% INCLUSIN 6% AND 0.084% INCLUSIN	/E /E		
TEST 1: 0.101 TEST 2: 0.100		TEST 3: 0.100		
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLL	OWING RANGES SINCE	THE LAST MAINTENANG	CE REPORT:	
REFUSALS: 0 004: 0 .0509: 0	.1014: 2	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS NESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	MADE TO RESTORE THE INSTRUMEN	T TO OPERATE SATISFACTORILY AND	WITHIN	
INSPECTING OFFICER			10 mm 1 m	
SIGNATURE	PRINT FULL NAME G L GAINES			
TYPE II PERMIT NUMBER 240032 EXPIRATION 02/05/2		NUMBER 5-2132		
RETURN COMPLETED REPORT TO THE Breath Alcohol Pr by mail, fax, or em		nt of Health and Senior Servi	ices	



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

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. EB0010603 EB0010559 EB0010562 EB0010579 Concentration 392.5 ppm 258.9 ppm 104.2 ppm 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 07 26 2023 12 45

Approved for Release:

Rod Marsala

Rosl 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

GRAYDON L. GAINES

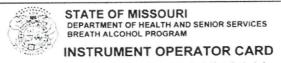
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

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 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo. Mike Missing

DATE 2/5/2024			
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 240032	Davla I. Nichelson		
EXPIRES 2/5/2026			
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		
4D 680 0774 (6 10)	LAB-4 (R6-10)		

MO 580-0771 (6-10)



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

GAINES, GRAYDON Operator

Permit No 240032

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

