

MISSOURI DEPARTMENT OF HEALTH AND SENIO STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

RECEIVED

By Tracy Crews at 8:18 am, Aug 02, 2024

REPORT #1

INTOX DMT MAINTENANCE REPORT Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS. 06/14/2024 500164 Missouri State Highway Patrol TIME OF INSPECTION 21:42:16 613 WALNUT STREET, CHILLICOTHE, MO 64601 CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument. ☑ DIAGNOSTIC RECORD **☑** DETECTOR DATE AND TIME 06/14/2024 21:42:19 ☑ FILTER 1 ☑ PROGRAM ☑ FILTER 2. BREATH TUBE 44.1°C ☑ FILTER 3 ☑ PUMP BREATH ANALYZER ACCURACY STANDARDS ☐ SIMULATOR STANDARD EXP. DATE 12/19/2025 STANDARD SUPPLIER INTOXIMETERS LOT# AG335303 SIMULATOR TEMP (34°C ± 0.2°C) SIM. SN SIM, NIST EXP DATE CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of ,005 or less. Mark the box corresponding to the standard being used. ☑ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE O.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE TEST 2: 0.100 TEST 3: 0.100 TEST 1: 0.099 ☑ PERFORM R.F.L.TEST INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS: 0 0-.04: 15 05-.09: 0 10-.14: 0 15-.19: 0 OVER .19: 0 LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ISTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) INSPECTING OFFICER PRINT FULL NAME JAMES C ACREE EXPIRATION DATE FELSPHONE NUMBER TYPE ILPERMIT NUMBER 240102 05/13/2026 816-387-2345 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: 19-Dec-2023

Lot # AG335303 Model 108

Exp Date 19-Dec-2025 Cyl. Type 108

Component

Ethanol Nitrogen **Certified Concentration** $0.100 \pm 2\%$ BrAC (260 ppm)

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

391.8 ppm

Concentration

RGM Serial No. EB0010581 EB0010570

259.8 ppm EB0010285 209.0 ppm EB0010561 103.7 ppm EB0010681 52.22 ppm **RGM Serial No.** EB0010603 EB0010559 EB0010562

EB0010579

392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

Concentration

CRM Serial No. CC727481

Concentration 799.4 ppm 253.4 ppm

CRM Serial No. CC727493

CC727498

Concentration 389.8 ppm 150.2 ppm

Analytical Method: NDIR

CC727496

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 JAMES C. ACREE

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.

DATE 5/13/2024

NUMBER 240102

EXPIRES 5/13/2026

MO 680 0774 (6:10)

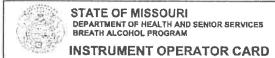
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DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Daves J. Nichelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

Operator ACREE, JAMES

Permit No 240102

Date Issued 5/13/2024 Date Expires 5/13/202

