

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

INTOX DMT MAINTENANCE REPORT

REPORT #1

THE PROPERTY OF THE PROPERTY O	72 1121 0111			
Complete this report at the time of the regular mo Complete this report whenever the instrument is s Retain the original and send a copy within 15 day	serviced or repaired and w	henever it is placed in		
INTOX DMT SN NAME OF AGENCY 500166 Missouri State Highway Patrol			DATE OF INSPECTION 07/07/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) 100 North Mulberry Street, Fayette, Missou	ă	TIME OF INSPECTION 21:42:20		
CHECKLIST: Place a mark in the box by each it values where determined). Unmarked items must	em if found to be satisfactor t be corrected before using	ory or is operating wit g instrument.	hin established limits. (W	rite in observed
☑ DIAGNOSTIC RECORD		86		*
DATE AND TIME 07/07/2024 21:42:23		DETECTOR		d .
☑ PROGRAM ☑ FILTER 1				40.00
SAMPLE CHAMBER 48.7°C				
☑ BREATH TUBE 47.7°C ☑ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE				
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#_A	G320501	EXP. DATE 07.	/24/2025
☐ 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 □ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE 				
TEST 1: 0,099 TEST 2: 0.098			TEST 3: 0.099	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
REFUSALS: 0 004: 0	.0509: 0	1014: 0	.1519: 0	OVER .19: 1
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODI ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	IFICATION THAT WAS MADE TO RE	STORE THE INSTRUMENT TO	OPERATE SATISFACTORILY AND	NIHTIW
Tested within DHSS standards				
INSPECTING OFFICER				
SIGNATURE		PRINT FULL NAME ANTHONY M RICHERSON		
TYPE II PERMIT NUMBER' 230089	EXPIRATION DATE 05/12/2025		TELEPHONE NUMBER 573-751-1000	
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: 26-Jul-2023

Lot # AG320501 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

24-Jul-2025

108

Ethanol 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. CC727481

Concentration 800.0 ppm

CRM Serial No. CC727493

Concentration 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 07 26.2023 12:45

Approved for Release:

Rod Marsala

Roll 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

ANTHONY M. RICHERSON

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

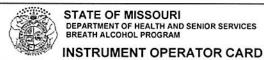
ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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.

DATE5/12/2023	Mike Massur
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230089	
EXPIRES 5/12/2025	Danla I. Nichelson
	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 ail in Missouri.

Operator RICHERSON, ANTHONY

Permit No 230089

Date Issued 5/12/2023 Date Expires 5/12/2025

