## RECEIVED

By Tracy Crews at 7:25 am, Sep 13, 2024



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

### INTOX DMT MAINTENANCE REPORT

REPORT #1

ATTECO, III	ON DIVIT WATER LIVANO	LICETORI						
Complete this re	port at the time of the regular mo port whenever the instrument is s al and send a copy within 15 day	serviced or repaired and v	whenever it is	placed into				
1NTOX DMT SN 500166	NAME OF AGENCY Missouri State Highway Patrol				DATE OF INSPECTION 09/06/2024			
100 North Mu	NENT (STREET AND CITY) Iberry Street, Fayette, Missou	ri 65248			18:19:33			
CHECKLIST: Pl values where det	ace a mark in the box by each ite ermined). Unmarked items must	em if found to be satisfact be corrected before usin	tory or is operage instrument.	ating within	established limits	. (Write in observed		
☑ DIAGNOST	C RECORD							
DATE AND	TIME 09/06/2024 18:19:36		DETECTO	R				
	АМ		FILTER 1					
☑ SAMPLE	CHAMBER 48.7°C		FILTER 2			****		
☑ BREATH	TUBE_47.9°C		FILTER 3					
□ PUMP								
BREATH ANALYZER ACCURACY STANDARDS								
SIMULA	TOR STANDARD	Σ	COMPRES	SSED ETHA	NOL-GAS MIXT	URE		
	SUPPLIER INTOXIMETERS	LOT#_ <i>[</i>	AG320501		EXP. DATE	07/24/2025		
☐ SIMULATOR	TEMP (34°C ± 0.2°C)	SIM. SN		SI	I. NIST EXP DA	TE		
<ul> <li>☑ 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.</li> <li>☑ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</li> <li>☐ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</li> <li>☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</li> </ul>								
TEST 1: 0.098		TEST 2: 0.098			TEST 3: 0.099			
☑ PERFORM F	R.F.I. TEST							
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:								
REFUSALS: 0	004: 0	.0509: <b>0</b>	.1014: 0		1519: 2	OVER .19: 0		
	AND DESCRIBE ANY ALTERATION OR MODI USE OTHER SIDE IF NECESSARY)	FICATION THAT WAS MADE TO R	ESTORE THE INST	RUMENT TO OP	ERATE SATISFACTORIL	Y AND WITHIN		
Tested within DHS	10 Mar 10							
INSPECTING C	FFICER							
SIGNATURE	Milheror		PRINT FULL NAME ANTHONY		RSON			
TYPE II PERMIT NOMB	CA + 110	05/12/2025	TELE	PHONE NUMBE 73-751-100	₹			
RETURN COM		reath Alcohol Program, I y mail, fax, or email	Missouri Depa	artment of H	ealth and Senior	Services		
MO 500 2000 (5 10)		AN EQUAL OPPORTUNITY/AEE	IDMATINE ACTION	EMDI OVED			LAR-166	



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

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 209.0 ppm EB0010285 EB0010561 103.7 ppm EB0010681 52.22 ppm

**RGM Serial No.** Concentration EB0010603 392.5 ppm EB0010559 258.9 ppm 104.2 ppm EB0010562 52.94 ppm EB0010579

CRM Serial No. CC727481 CC727496

Concentration mqq 0.008 253.0 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:

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 ex	xpired air. Permit issued under the provisions of sections
577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.	
	Mike Massin
DATE	1 12-21
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230089	Davla I. nichelson
EXPIRES 5/12/2025	
I II DIF	RECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



#### STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM**

### INSTRUMENT OPERATOR CARD

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.

RICHERSON, ANTHONY

230089

Date Expires 5/12/2025

