#### RECEIVED

By Tracy Crews at 3:31 pm, Sep 03, 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 mo whenever the instrument is ad send a copy within 15 day	serviced or repaired and	whenever it is placed i	ceed 35 days). nto service.		
1NTOX DMT SN 500168	NAME OF AGENCY Missouri State Highway Patrol			DATE OF INSPECTION 09/02/2024		
104 North Polk, A	(STREET AND CITY) Albany, MO		TIME OF INSPECTION 08:18:01			
CHECKLIST: Place values where determ	a mark in the box by each it ined). Unmarked items mus	tem if found to be satisfat t be corrected before us	ctory or is operating wi	thin established limits. (V	Vrite in observed	
☑ DIAGNOSTIC R	RECORD					
DATE AND TIM	09/02/2024 08:18:04	_	☑ DETECTOR			
☑ PROGRAM	☑ FILTER 1					
☑ SAMPLE CH	AMBER 48.7°C		☑ FILTER 2			
☑ BREATH TU	BE_42.9°C		☑ FILTER 3			
☑ PUMP	☑ INTERNAL STANDARD					
BREATH ANALYZE	R ACCURACY STANDAR	RDS				
☐ SIMULATOR	STANDARD		COMPRESSED E	THANOL-GAS MIXTURI	E	
STANDARD SU	PLIER INTOXIMETERS	LOT#_	AG320502	EXP. DATE	7/24/2025	
☐ SIMULATOR TE	MP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE		
of .005 or less. Market 10.10% S	CHECK - (ONLY ONE STAUSING A Standard. All three te Mark the box corresponding TANDARD - MUST READ I TANDARD - MUST READ I TANDARD - MUST READ I	to the standard being us BETWEEN 0.095% ANI BETWEEN 0.076% ANI	sed. D 0.105% INCLUSIVE D 0.084% INCLUSIVE			
TEST 1: 0.099		TEST 2: 0.099		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: 1	.1014: 1	.1519: 1	OVER .19: 0	
ESTABLISHED LIMITS (USE C	DESCRIBE ANY ALTERATION OR MOD THER SIDE IF NECESSARY)	IFICATION THAT WAS MADE TO P	RESTORE THE INSTRUMENT TO	O OPERATE SATISFACTORILY AN	D WÎTHIN	
INSPECTING OFFIC	CER					
SIGNATURE	A : 01.		PRINT FULL NAME MICHAEL J MILLE	P		
TYPE II PERMIT NUMBER 220258	A dh	EXPIRATION DATE 11/17/2024	TELEPHONE NUI 816-387-2	MBER		
RETURN COMPLET	TED REPORT TO THE B	Breath Alcohol Program, y mail, fax, or email	0.000 (1.	2-4000 (0-0000)	rices	
MO 580-2898 (5-19)		AN EQUAL OPPORTUNITME	CIDMATINE ACTION ENDLOYER			



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: 1-Aug-2023

**Lot** # AG320502 **Model** 108

Exp Date 24-Jul-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 52.94 ppm EB0010579 EB0010681 52.22 ppm

 CRM Serial No.
 Concentration
 CRM Serial No.
 Concentration

 CC727481
 800.0 ppm
 CC727493
 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 08.10.2023 09:48

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

## MICHAEL J. MILLER

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

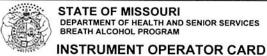
### ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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. M A

DATE11/17/2022	Mike Massur
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 220258	
EXPIRES 11/17/2024	Davla J. 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 air in Missouri.

Operator MILLER, MICHAEL Permit No

220258

Date Issued 11/17/2022 Date Expires 11/17/2024

