### RECEIVED

By Tracy Crews at 7:42 am, Nov 18, 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 monthly Complete this report whenever the instrument is service Retain the original and send a copy within 15 days to the	ed or repaired and whenever it is p	aced into service.				
INTOX DMT SN 500172  NAME OF AGENCY Missouri State Hig	hway Patrol	DATE OF INSPECTION 11/13/2024				
LOCATION OF INSTRUMENT (STREET AND CITY) 200 Main Street, Boonville, Missouri 65233	TIME OF INSPECTION 07:30:11					
CHECKLIST: Place a mark in the box by each item if the values where determined). Unmarked items must be constituted in the constitute of t	ound to be satisfactory or is operatorrected before using instrument.	ing within established limits. (Wri	te in observed			
☑ DIAGNOSTIC RECORD						
DATE AND TIME 11/13/2024 07:30:14 ☑ DETECTOR						
☑ PROGRAM	☑ PROGRAM ☑ FILTER 1					
☑ SAMPLE CHAMBER 48.8°C	☑ FILTER 2					
☑ BREATH TUBE 46.7°C	☑ FILTER 3					
☑ PUMP		STANDARD	*			
BREATH ANALYZER ACCURACY STANDARDS						
☐ SIMULATOR STANDARD	☑ COMPRESS	SED ETHANOL-GAS MIXTURE				
STANDARD SUPPLIER INTOXIMETERS	LOT# AG320501	EXP. DATE <u>07/2</u>	24/2025			
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DATE				
□ CALIBRATION CHECK - (ONLY ONE STANDA Run three tests using a standard. All three tests m of .005 or less. Mark the box corresponding to the □ 0.10% STANDARD - MUST READ BETV □ 0.08% STANDARD - MUST READ BETV □ 0.04% STANDARD - MUST READ BETV	e standard being used. VEEN 0.095% AND 0.105% INCLI VEEN 0.076% AND 0.084% INCLI	JSIVE				
TEST 1: 0.100 TES	T 2: 0.099	TEST 3: 0.100				
PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWING RANGES SIN	NCE THE LAST MAINTENANC	E REPORT:			
REFUSALS: 0 004: 6 .05	09: 3 .1014: 0	.1519: 0	OVER .19: 0			
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION OF MODIFICATION	ON THAT WAS MADE TO RESTORE THE INSTRU	JMENT TO OPERATE SATISFACTORILY AND	WITHIN			
INSPECTING OFFICER						
SIGNATURE PRINT FULL NAME TYLER G JOHNSON						
TYPE II PERMIT NÚMBER 1240045	EXPIRATION DATE TELEPI	HONE NUMBER 3-751-1000				
RETURN COMPLETED REPORT TO THE Breath	a Alcohol Program, Missouri Depar il, fax, or email		ces			



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

24-Jul-2025

108

Ethanol

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	EB0010579	52.94 ppm
EB0010681	52.22 ppm		Ø1 55

ODM O. C. IN.		0040 : 11	0
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:07.26.2023 12.45

Approved for Release:

Rod Marsala

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 TYLER G JOHNSON

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**

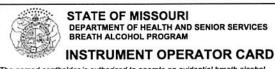
EXPIRES 3/9/2024

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

Davea J. nichelson

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 JOHNSON, TYLER

Permit No 220074 Date Issued 3/9/2022

22 Date Expires 3/9/2024

