

By Tracy Crews at 7:16 am, Oct 28, 2024



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

11 W 11				
Complete this report at the time of the regular mor Complete this report whenever the instrument is so Retain the original and send a copy within 15 days	erviced or repaired and when	ever it is placed into service.	B Date of the Control	
NAME OF AGENCY 500173 Missouri State Highway Patrol			DATE OF INSPECTION 10/25/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) Morgan Co, SO, 211 E. Newton St., Versailles			TIME OF INSPECTION 09:34:15	
CHECKLIST: Place a mark in the box by each ite values where determined). Unmarked items must	m if found to be satisfactory of be corrected before using ins	r is operating within established trument.	d limits. (Write in observed	
☑ DIAGNOSTIC RECORD			0.5	
DATE AND TIME 10/25/2024 09:34:18 ☑ DETECTOR				
☑ PROGRAM ☑ FILTÉR 1				
SAMPLE CHAMBER 48.8°C ☐ FILTER 2				
☐ BREATH TUBE 48.1°C ☐ ☐ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE				
☑ STANDARD SUPPLIER INTOXIMETERS	LOT#_AG2	84103 EXP. [DATE 12/07/2024	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EX	KP 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 3: 0.099	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
		14: 0 .1519: 2	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIF ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)		48. 1919.76)		
		, A		

	···			
INSPECTING OFFICER	DDINT	FULL NAME		
SIGNATURE S	SF	ENCER D SEARS		
230038	03/05/2025	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: 7-Dec-2022

Lot # AG234103 Model 108

Exp Date 7-Dec-2024 Cyl. Type

Component

Certified Concentration

108

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

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

Concentration **RGM Serial No.** 391.8 ppm EB0010581 EB0010570 259.8 ppm 209.0 ppm EB0010285 103.7 ppm EB0010561 52.22 ppm EB0010681

RGM Serial No. EB0010603 EB0010559 EB0010562 EB0010579

392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

Concentration

CRM Serial No.

Concentration mgg 0.008

CRM Serial No. CC727493

Concentration

CC727481 CC727496

253.0 ppm

CC727498

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:12.09.2022 17:20

Approved for Release:

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



STATE OF MISSOURI

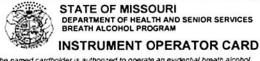
DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



PERMIT TYPE II SPENCER SEARS

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

IN	TOX 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.				
DATE3/5/2023	Mile Massini DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 230038	Davla J. nichelson			
EXPIRES 3/5/2025	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

Operator

SEARS, SPENCER

Permit No 230038 Date Issued 3/5/2023

Date Expires 3/5/2025

