RECEIVED

By Tracy Crews at 8:50 am, Nov 25, 2024



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

	MINITENANOE REF	J.(.)			105 1>		
Complete this report at the time of Complete this report whenever the Retain the original and send a co	e instrument is serviced or	repaired and w	nenever it is	placed into	ed 35 days). Discribed as a service.		
NTOX DMT SN N	^{AME OF AGENCY} Missouri State Highwa	y Patrol			11/20/2024		
OCATION OF INSTRUMENT (STREET AND CI				TIME OF INSPECTION 13:17:04			
CHECKLIST: Place a mark in the values where determined). Unma	hav by each item if foun	d to be satisfacto	ory or is ope	rating withi	n established limits.	(Write in observed	
☑ DIAGNOSTIC RECORD	inca nome mass as a series						
DATE AND TIME	024 13:17:07	×	DETECTO	OR			
☑ PROGRAM		×	FILTER 1				
SAMPLE CHAMBER 4	8.7°C	X	FILTER 2	Ĭ.			
☑ BREATH TUBE 46.5°C		X	FILTER 3).			
☑ PUMP		X	INTERNA	L STANDA	ARD		
BREATH ANALYZER ACCURA	ACY STANDARDS					347	
☐ SIMULATOR STANDAR	Victoria de la companya della companya della companya de la companya de la companya della compan	×	COMPRE	SSED ET	HANOL-GAS MIXT	URE	
STANDARD SUPPLIER IN	TOXIMETERS	LOT#_ <u>#</u>	G320502		EXP. DATE	07/24/2025	
☐ SIMULATOR TEMP (34°C ± ☐ CALIBRATION CHECK - (6 Run three tests using a stan		SIM. SN			SIM. NIST EXP DAT		
□ 0.08% STANDARD	- MUST READ BETWEE - MUST READ BETWEE - MUST READ BETWEE	EN 0.095% AND EN 0.076% AND	0.105% IN 0.084% IN	CLUSIVE			
TEST 1: 0.098		TEST 2: 0.097			TEST 3: 0.097		
☑ PERFORM R.F.I. TEST							
INDICATE THE NUMBER OF	BREATH TESTS IN TH	E FOLLOWING	RANGES	SINCE TH	HE LAST MAINTEN	NANCE REPORT:	
			.1014: 0		.1519: 1	OVER .19: 1	
LIST ANY NEW PARTS AND DESCRIBE ANY	ALTERATION OR MODIFICATION T		ESTORE THE IN	STRUMENT TO	OPERATE SATISFACTORI	LY AND WITHIN	
ESTABLISHED LIMITS (USE OTHER SIDE IF	NECESSARY)						
		1.50					
,							
INSPECTING OFFICER							
SIGNATURE for my			THOMA	S W MEY	ER		
TYPE II PERMIT NUMBER	E	XPIRATION DATE 08/16/2026	T	417-469-			
240173 RETURN COMPLETED REP	Diodii		Missouri De	States States	of Health and Senior	r Services	
	8-0. 6 0.001238950-5	IAL OPPORTUNITY/AF	FIRMATIVE ACT	ION EMPLOYE	R		LAB-166



Airgas USA LLC (LAB) 3500 Bemard 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	EB0010579	52.94 ppm
EB0010681	52.22 ppm		W 18

CRM Serial No. CC727481

800.0 ppm 253.0 ppm

Concentration

CRM Serial No. CC727493

CC727498

Concentration 390.0 ppm

150.0 ppm

CC727496 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

THOMAS W. MEYER

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.

DATE 8/16/2024

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 240173

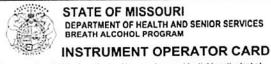
EXPIRES 8/16/2026

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB 4 (86-16)

MO 580-0771 (6:10)

2742 - 010 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 ai in Missouri.

Operator MEYER, THOMAS

Permit No 240173

Date Issued 8/16/2024 Date Expires 8/16/2026

