RECEIVED

By Tracy Crews at 10:20 am, Jun 10, 2024



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

THE ONE DISTRIBUTION OF THE OFFICE AND ADDRESS OF THE OFFICE AND ADDRESS OF THE OFFICE AND ADDRESS OF THE OFFI				
Complete this report at the time of the regular monthly proceed that the complete this report whenever the instrument is serviced Retain the original and send a copy within 15 days to the	ed or repaired and whenever	er it is placed into service.		
INTOX DMT SN S00182 NAME OF AGENCY Missouri State High	DATE OF INSPECTION 06/04/2024	N		
LOCATION OF INSTRUMENT (STREET AND CITY) Buchanan Co LEC, 501 Faraon St, St. Joseph	TIME OF INSPECTION 09:08:27	N		
CHECKLIST: Place a mark in the box by each item if f values where determined). Unmarked items must be co	ound to be satisfactory or is	operating within established limment.	nits. (Write in observed	
☑ DIAGNOSTIC RECORD				
DATE AND TIME 06/04/2024 09:08:30				
☑ PROGRAM ☑ FILTER 1				
SAMPLE CHAMBER 48.7°C				
☑ BREATH TUBE_46.8°C ☑ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD ☐ COMPRESSED		PRESSED ETHANOL-GAS MI	XTURE	
	LOT# AG215	701 EXP. DAT	E_06/06/2024	
☐ 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 more of .005 or less. Mark the box corresponding to the □ 0.10% STANDARD - MUST READ BETW □ 0.08% STANDARD - MUST READ BETW □ 0.04% STANDARD - MUST READ BETW 	e standard being used. VEEN 0.095% AND 0.1059 VEEN 0.076% AND 0.0849	6 INCLUSIVE 6 INCLUSIVE	pread	
TEST 1: 0.099 TES			TEST 3: 0.099	
☑ PERFORM R.F.I. TEST		!		
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWING RANG	SES SINCE THE LAST MAINT	ENANCE REPORT:	
REFUSALS: 0 004: 0 .05	09: 1 .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 T	HE INSTRUMENT TO OPERATE SATISFACT	ORILY AND WITHIN	
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER 230280	S J F EXPIRATION DATE 11/30/2025	IL NAME ORCE TELEPHONE NUMBER 816-387-2345		
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: 6-Jun-2022

Lot # AG215701 Model 108

Exp Date 6-Jun-2024

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.

EB0010581 EB0010570

EB0010285 EB0010561

EB0010681

Concentration

391.8 ppm 259.8 ppm

103.7 ppm

209.0 ppm

52.22 ppm

RGM Serial No.

EB0010603 EB0010559

EB0010562 EB0010579 Concentration

392.5 ppm 258.9 ppm 104.2 ppm

52.94 ppm

CRM Serial No.

CC727481 CC727496 Concentration

253.0 ppm

mag 0.008

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: Afrgas USA LLC (Lab) Date: 06.07.2022 13:06

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

STEVEN J. FORCE

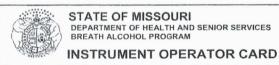
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs,

and operate the following breath analyzer(s):				
INTOX DMT				
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of section 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo. Mile Massure				
DATE11/30/2023	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 230280	Davla I. Nichelson			
EXPIRES 11/30/2025	towed s. I percelson			

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 FORCE, STEVEN

Permit No 230280

Date Issued 11/30/2023 Date Expires 11/30/2025

