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By Tracy Crews at 3:48 pm, Jul 03, 2024



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

INTOY DMT MAINTENANCE REPORT

REPORT #1

ASSEST. INTOX DIVITION	AINTENANCE REPO	17.1				
Complete this report at the time o Complete this report whenever th Retain the original and send a co	e instrument is serviced or	repaired and whene	ver it is placed inf	ed 35 days). o service.		
NAME OF AGENCY 500186 Missouri State Highway Patrol				06/30/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) 350 E High Street, Jefferson City				23:16:44		
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.						
☑ DIAGNOSTIC RECORD						
DATE AND TIME <u>06/30/2024 23:16:49</u> ☑ DETECTOR						
☑ PROGRAM ☑ FILTER 1						
SAMPLE CHAMBER 48.8°C						
☑ BREATH TUBE 48.1°C	☑ BREATH TUBE 48.1°C ☑ FILTER 3					
☐ PUMP ☐ INTERNAL STANDARD						
BREATH ANALYZER ACCURACY STANDARDS						
☐ SIMULATOR STANDAR	RD	⊠ cc	MPRESSED ET	HANOL-GAS MIXTURE		
STANDARD SUPPLIER IN	TOXIMETERS	LOT# <u>AG23</u>	4103	EXP. DATE 12/	07/2024	
☐ SIMULATOR TEMP (34°C ±	0.2°C)	SIM. SN		SIM. NIST EXP 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 1: 0.098	TEST 2: 0	0.099	TEST 3: 0,099			
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF	BREATH TESTS IN THE	FOLLOWING RAN	IGES SINCE TH	E LAST MAINTENANG	CE REPO	PRT:
REFUSALS: 0 004: 0			14: 2	.1519: 3	OVER	
LIST ANY NEW PARTS AND DESCRIBE ANY ESTABLISHED LIMITS (USE OTHER SIDE IF	ALTERATION OR MODIFICATION THA		THE INSTRUMENT TO	OPERATE SATISFACTORILY AND	WITHIN	
time calibrated - meets dhss standard	ds					
INSPECTING OFFICER						
SIGNATURE			FULL NAME			
TYPE II PERMIT NUMBER 230187		RATION DATE 3/22/2025	TELEPHONE NUM 573-751-1			
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services						
by mail, fax, or email						110.4



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 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. Concentration EB0010581 391.8 ppm EB0010570 259.8 ppm EB0010285 209.0 ppm EB0010561 103.7 ppm EB0010681 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 800.0 ppm 253.0 ppm

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: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 KEITH KAISER

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 de	termination of the alcoholic content of blood from a sam	ple of expired air. Permit issued under the provisions of section
577.020 t	through 577.041, RSMo and 306.111 through 306.119 F	RSMo.
		Mike Massur
DATE	8/22/2023	/ like / lassing
D/(12		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	230187	
	8/22/2025	Davla I. Nichelson

MO 580-0771 (6-10)

EXPIRES 8/22/2025

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 KAISER, KEITH Permit No 230187

Date Issued 8/22/2023 Date Expires 8/22/2025

