RECEIVED

By Tracy Crews at 8:53 am, May 13, 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 material Complete this report whenever the instrument is Retain the original and send a copy within 15 displays the control of the control	s serviced or repaired and	whenever it is placed					
	ate Highway Patrol		05/04/2024				
LOCATION OF INSTRUMENT (STREET AND CITY) Andrew County Sheriff's Office, Savannah, MO			TIME OF INSPECTION 10:42:45				
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 05/04/2024 10:42:49		DETECTOR					
☑ PROGRAM		X FILTER 1					
☑ SAMPLE CHAMBER 48.8°C		FILTER 2					
☑ BREATH TUBE 46.3°C		X FILTER 3					
☑ PUMP		INTERNAL STAN	DARD				
BREATH ANALYZER ACCURACY STANDA	RDS						
☐ SIMULATOR STANDARD		COMPRESSED E	THANOL-GAS MIXTURE				
STANDARD SUPPLIER INTOXIMETER	S LOT#_	AG215701	EXP. DATE06/0	6/2024			
☐ 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: 0.097	TEST 2: 0.096		TEST 3: 0.097				
PERFORM R.F.I. TEST	•						
NDICATE THE NUMBER OF BREATH TES	TS IN THE FOLLOWING	RANGES SINCE T	HE LAST MAINTENANCI	E REPORT:			
REFUSALS: 1 004: 0	.0509: 0	.1014: 1	.1519: 1	OVER .19: 2			
IST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MOISTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) VSPECTING OFFICER IGNATURE	DIFICATION THAT WAS MADE TO R	ESTORE THE INSTRUMENT TO	O OPERATE SATISFACTORILY AND V	VITHIN			
YPE II PERMIT NUMBER	Isymptetic	SJFORCE					
230280	11/30/2025	816-387-2					
RETURN COMPLETED REPORT TO THE	Breath Alcohol Program, I by mail, fax, or email	Missouri Department o	f Health and Senior Service	es			



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Test Date: 6-Jun-2022

Customer Name Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

> 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.

Concentration

RGM Serial No.

Concentration

EB0010581 EB0010570

391.8 ppm 259.8 ppm

EB0010603

392.5 ppm

EB0010285

EB0010559

EB0010561

209.0 ppm

EB0010562

258.9 ppm 104.2 ppm

EB0010681

103.7 ppm 52.22 ppm EB0010579

52.94 ppm

CRM Serial No.

Concentration

CRM Serial No.

Concentration

CC727481 CC727496

800.0 ppm 253.0 ppm

CC727493 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:06.07.2022 13:06

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

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):

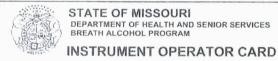
INTOX DMT

for the determination of the alcoholic content of blood from a sample of ex	pired air. F	ermi	t issued under the provisions of sections
577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.			The state of the s
	mn	1	$I \cap I$

DATE11/30/2023	/ (ide // losson			
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 230280				
EXPIRES 11/30/2025	Davla I. Nichelson			
	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 in Missouri

Operator

FORCE, STEVEN

Permit No 230280 Date Issued 11/30/2023

Date Expires 11/30/2025

