By Tracy Crews at 1:58 pm, Oct 11, 2024



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

THE STATE OF THE S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Complete this report at the time of the regular month Complete this report whenever the instrument is serv Retain the original and send a copy within 15 days to	riced or repaired and whene	ver it is placed into service.		
INTOX DMT SN NAME OF AGENCY 500190 Missouri State H	DATE OF INSPECT 09/30/202			
LOCATION OF INSTRUMENT (STREET AND CITY) Monroe City PD, 300 N. Main Street, Monroe	TIME OF INSPECT 08:11:59	JON		
CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be	if found to be satisfactory or corrected before using insti	is operating within established li rument.	imits. (Write in observed	
☑ DIAGNOSTIC RECORD				
DATE AND TIME 09/30/2024 08:12:02				
☑ PROGRAM ☑ FILTER 1				
SAMPLE CHAMBER 48.8°C				
☑ BREATH TUBE 44.8°C ☑ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD ☑ COMPRESSED ETHANOL-GAS MIXTURE				
	LOT#_AG32	0502 EXP. DA	ATE <u>07/24/2025</u>	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP	DATE	
□ CALIBRATION CHECK - (ONLY ONE STAND Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to t □ 0.10% STANDARD - MUST READ BET □ 0.08% STANDARD - MUST READ BET □ 0.04% STANDARD - MUST READ BET	the standard being used. FWEEN 0.095% AND 0.105 FWEEN 0.076% AND 0.084	5% INCLUSIVE	spread	
TEST 1: 0.099	EST 1: 0.099 TEST 2: 0.098		TEST 3: 0.099	
☑ PERFORM R.F.I. TEST		*	,	
INDICATE THE NUMBER OF BREATH TESTS II	N THE FOLLOWING RAN	GES SINCE THE LAST MAIN	ITENANCE REPORT:	
REFUSALS: 1 004: 0 .05	509: 0	4: 0 .1519: 1	OVER .19: 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICAL ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ATION THAT WAS MADE TO RESTORE	THE INSTRUMENT TO OPERATE SATISFAC	CTORILY AND WITHIN	
INSPECTING OFFICER				
NSPECTING OFFICER SIGNATURE PRINT FULL NA BRETT		ULL NAME ETT D TAPPENDORF		
TYPE II PERMIT NUMBER 77 2000 1	EXPIRATION DATE 02/05/2026	TELEPHONE NUMBER 660-385-2132	The state of the s	
	ath Alcohol Program, Missou nail, fax, or email	uri Department of Health and Se	enior Services	

Airgas.

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: 1-Aug-2023

Lot # AG320502 Model 108

Exp Date 24-Jul-2025 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. Concentration
EB0010603 392.5 ppm
EB0010559 258.9 ppm
EB0010562 104.2 ppm
EB0010579 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: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

BRETT D. TAPPENDORF

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

		e of expired air. Permit issued under the provisions of section
577.020 (through 577.041, RSMo and 306.111 through 306.119 RS	Mile Massur
DATE	2/5/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	240041	Davla J. Nichelson
EXPIRES	2/5/2026	Tura so. I person

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 TAPPENDORF, BRETT Permit No 240041