RECEIVED

By Tracy Crews at 11:22 am, Dec 29, 2024



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

omplete this report at the time of the regular month complete this report whenever the instrument is sen tetain the original and send a copy within 15 days to	viced of repaired and will	Cilevel if it bigger	Thate of Inspection	
NAME OF AGENCY	nty Sheriffs Office		12/05/2024	
OCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION 23:12:57	
300 E. 7th Street, Pineville, Missouri 64856 CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be	if found to be satisfactory	y or is operating wit nstrument.	hin established limits	s. (Write in observed
values where determined). Offmarked items must be IDIAGNOSTIC RECORD				
DATE AND TIME 12/05/2024 23:12:59	X (DETECTOR		
☑ PROGRAM	⊠ F	FILTER 1		
SAMPLE CHAMBER 48.8°C	⊠ F	FILTER 2		
☑ BREATH TUBE 48.1°C		FILTER 3		
⊠ PUMP	⊠ I	NTERNAL STAND	ARD	
BREATH ANALYZER ACCURACY STANDARDS	3		TIANOL CAS MIXT	TURF
☐ SIMULATOR STANDARD	XI (HANOL-GAS MIXT	10/18/2025
STANDARD SUPPLIER INTOXIMETERS	LOT#_AG		SIM. NIST EXP DA	
SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN			
of .005 or less. Mark the box corresponding to	TWEEN 0.095% AND 0.	105% INCLUSIVE		
of .005 or less. Mark the box corresponding to 1.005 or less. Mark	TWEEN 0.095% AND 0.0 TWEEN 0.076% AND 0.0 TWEEN 0.038% AND 0.0	105% INCLUSIVE 084% INCLUSIVE		
of .005 or less. Mark the box corresponding to the	TWEEN 0.095% AND 0.1	105% INCLUSIVE 084% INCLUSIVE	TEST 3: 0.078	
of .005 or less. Mark the box corresponding to the	TWEEN 0.095% AND 0.0 TWEEN 0.076% AND 0.0 TWEEN 0.038% AND 0.0 EST 2: 0.078	105% INCLUSIVE 084% INCLUSIVE 042% INCLUSIVE	TEST 3: 0.078	
of .005 or less. Mark the box corresponding to the	TWEEN 0.095% AND 0.0 TWEEN 0.076% AND 0.0 TWEEN 0.038% AND 0.0 EST 2: 0.078 N THE FOLLOWING RA	105% INCLUSIVE 084% INCLUSIVE 042% INCLUSIVE ANGES SINCE TI	TEST 3: 0.078	NANCE REPORT:
of .005 or less. Mark the box corresponding of .005 or less. Mark the box corresponding of .010% STANDARD - MUST READ BET	TWEEN 0.095% AND 0.0 TWEEN 0.076% AND 0.0 TWEEN 0.038% AND 0.0 EST 2: 0.078 N THE FOLLOWING RA	105% INCLUSIVE 084% INCLUSIVE 042% INCLUSIVE ANGES SINCE TI	TEST 3: 0.078 HE LAST MAINTE	NANCE REPORT: OVER .19: 0
of .005 or less. Mark the box corresponding of .005 or less. Mark the box corresponding of .010% STANDARD - MUST READ BET	TWEEN 0.095% AND 0.0 TWEEN 0.076% AND 0.0 TWEEN 0.038% AND 0.0 EST 2: 0.078 N THE FOLLOWING RA	105% INCLUSIVE 084% INCLUSIVE 042% INCLUSIVE ANGES SINCE TI	TEST 3: 0.078 HE LAST MAINTE	NANCE REPORT: OVER .19: 0
of .005 or less. Mark the box corresponding of .005 or less. Mark the box corresponding of .010% STANDARD - MUST READ BET	TWEEN 0.095% AND 0.0 TWEEN 0.076% AND 0.0 TWEEN 0.038% AND 0.0 EST 2: 0.078 N THE FOLLOWING RA	105% INCLUSIVE 084% INCLUSIVE 042% INCLUSIVE ANGES SINCE TI	TEST 3: 0.078 HE LAST MAINTE	NANCE REPORT: OVER .19: 0
□ 0.10% STANDARD - MUST READ BET □ 0.08% STANDARD - MUST READ BET □ 0.04% STANDARD - MUST READ BET EST 1: 0.078 □ PERFORM R.F.I. TEST NDICATE THE NUMBER OF BREATH TESTS II	TWEEN 0.095% AND 0.0 TWEEN 0.076% AND 0.0 TWEEN 0.038% AND 0.0 EST 2: 0.078 N THE FOLLOWING RA	105% INCLUSIVE 084% INCLUSIVE 042% INCLUSIVE ANGES SINCE TI	TEST 3: 0.078 HE LAST MAINTE	NANCE REPORT: OVER .19: 0
of .005 or less. Mark the box corresponding of .005 or less. Mark the box corresponding of .010% STANDARD - MUST READ BET	TWEEN 0.095% AND 0.0 TWEEN 0.076% AND 0.0 TWEEN 0.038% AND 0.0 EST 2: 0.078 N THE FOLLOWING RA	105% INCLUSIVE 084% INCLUSIVE 042% INCLUSIVE ANGES SINCE TI	TEST 3: 0.078 HE LAST MAINTE	NANCE REPORT: OVER .19: 0
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of .005 or less. Mark the box corresponding of .005 or less. Mark the box corresponding of .010% STANDARD - MUST READ BET	TWEEN 0.095% AND 0.0 TWEEN 0.076% AND 0.0 TWEEN 0.038% AND 0.0 SST 2: 0.078 N THE FOLLOWING RATION THAT WAS MADE TO RESTORMENT.	105% INCLUSIVE 084% INCLUSIVE 042% INCLUSIVE ANGES SINCE TI	TEST 3: 0.078 HE LAST MAINTE .1519: 1 DOPERATE SATISFACTOR	NANCE REPORT: OVER .19: 0



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103

Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Customer Name Test Date: 18-Oct-2023

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

Lot # AG329101 **Model** 108

Exp DateCyl. TypeComponentCertified Concentration18-Oct-2025108Ethanol
Nitrogen0.080 ± 0.002 BrAC (208 ppm)

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		

 CRM Serial No.
 Concentration
 CRM Serial No.
 Concentration

 CC727481
 800.0 ppm
 CC727493
 390.0 ppm

 CC727496
 253.0 ppm
 CC727498
 150.0 ppm

Analytical Method: NDIR

Approved for Release:

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



MO 580-0771 (6-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



LAB-4 (R6-10)

PERMIT TYPE II

WILLIAM L. DAVENPORT

is hereby authorized to instruct and supervise opera and operate the following breath analyzer(s):	tors, train instructors, inspect, calibrate, perform field service and repairs
	NTOX DMT
577.020 through 577.041, RSMo and 306.111 throug	from a sample of expired air. Permit issued under the provisions of sections h 306.119 RSMo. Mile Massure
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240132	Davla I. nichelson
EXPIRES 6/6/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES