

### MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVIC STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

### RECEIVED

By Tracy Crews at 12:43 pm, Aug 26, 2024

### INTOX DMT MAINTENANCE REPORT

Complete this report at the time of the regular more Complete this report whenever the instrument is s Retain the original and send a copy within 15 days	erviced or repaired and	whenever it is placed		
	Police Department		08/23/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) West Plains PD, 1912 Holiday Lane, West	Plains, Mo		TIME OF INSPECTION 08:54:31	
CHECKLIST: Place a mark in the box by each ite values where determined). Unmarked items must	em if found to be satisfact be corrected before using	tory or is operating w ng instrument.	thin established limits. (	Write in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>08/23/2024 08:54:34</u>		DETECTOR		
☑ PROGRAM	Ď	FILTER 1		
☑ SAMPLE CHAMBER 48,7°C		FILTER 2		
☑ BREATH TUBE 46.6°C		FILTER 3		
XI PUMP		INTERNAL STAN	DARD	
BREATH ANALYZER ACCURACY STANDAR	DS			
☐ SIMULATOR STANDARD		COMPRESSED	THANOL-GAS MIXTU	RE
STANDARD SUPPLIER AIRGAS	LOT#	AG400203	EXP. DATE_0	01/02/2026
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM, SN_		SIM. NIST EXP DATE	
☐ 0.04% STANDARD - MUST READ B     ☐ 0.04% STANDARD - MUST READ B	to the standard being us BETWEEN 0.095% AND BETWEEN 0.076% AND	ed. 0 0.105% INCLUSIVE 0 0.084% INCLUSIVE	<u>:</u>	1
TEST 1: 0.100	TEST 2: 0,101		TEST 3: 0.100	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS	S IN THE FOLLOWING	RANGES SINCE	THE LAST MAINTENA	ANCE REPORT:
REFUSALS: 0 004: 7	.0509: <b>0</b>	.1014: 1	.1519: <b>1</b>	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODI ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)  WITHIN SPECS	FICATION THAT WAS MADE TO F	ESTORE THE INSTRUMENT	TO OPERATE SATISFACTORILY	AND WITHIN
INSPECTING OFFICER SIGNATURE		PRINT FULL NAME BRANDON S ST		
TYPE II PERMIT NUMBER 7 50 240085	EXPIRATION DATE 04/02/2026	TELEPHONE N	UMBER	
	reath Alcohol Program, y mail, fax, or email	Missouri Department	of Health and Senior S	ervices



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: 4-Jan-2024

Lot # AG400203 Model 108

Exp Date 2-Jan-2026

Cyl. Type 108 Component Ethanol

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 799.4 ppm 253.4 ppm CRM Serial No. CC727493 CC727498 Concentration 389.8 ppm 150.2 ppm

Analytical Method: NDIR

Oigitally signed by Quality Control Reason Dry gas standard certification of analysis Location. Argast USA LLC (Lab) Data 01:05:2024 08:53

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 |

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

BRANDON STEPHENS

## INTOX DMT

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DATE: 4/2/2024	Mike Masser
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240085	)
EXPIRES 4/2/2026	Dones J. Richeson
EXPIRES 4/2/2026	

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)