### RECEIVED

By Tracy Crews at 11:11 am, Dec 28, 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 mo Complete this report whenever the instrument is s Retain the original and send a copy within 15 days	serviced or repaired and	whenever it is placed			
NAME OF AGENCY S00220 Anderson Police Department			DATE OF INSPECTION 12/27/2024		
TOCATION CLESS RUMENT (STREET AND CITY) 713 Business 71 Highway Anderson 64831			TIME OF INSPECTION 15:11:29		
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 12/27/2024 15:11:31		□ DETECTOR			
☑ PROGRAM		☑ FILTER 1			
☑ SAMPLE CHAMBER 48.9°C ☑ FILTER 2					
☑ BREATH TUBE_47.6°C		☑ FILTER 3			
⊠ SJMÐ					
BREATH ANALYZER ACCURACY STANDAR	DS				
☐ S:MULATOR STANDARD		COMPRESSED E	THANOL-GAS MIXTURE		
STANDARD SUPPLIER INTOXIMETERS	LOT#_	AG210103	EXP. DATE 10/	18/2025	
☐ SIME AT RITEMP (34°C±02°C)	SIM. SN		SIM. NIST EXP DATE_		
of .005 or less. Mark the box corresponding to the standard being used.  10 10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE  10 08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE  11 0 14% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE					
TEST 1 0.082	TEST 2: 0,082		TEST 3: 0.082		
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS	S IN THE FOLLOWIN	G RANGES SINCE	THE LAST MAINTENANC	CE REPORT:	
REFUSALS 0 0-04: 0	.0509: 0	.1014: 0	.1519: 0	OVER .19: 0	
LIST ANY ALLE DI SCRIBE ANY ALLE RATION OR MODI ESTABLE (USE OTHER SIDE II NECESSARY)	FICATION THAT WAS MADE TO	RESTORE THE INSTRUMENT	TO OPERATE SATISFACTORILY AND	WÎTHIN	
INSPECTING OFFICER					
SIGNATURE	EXPIRATION DATE	PRINT FULL NAME DANIEL B CRIH			
2402	12/13/2026	TELEPHONEN	ZIOINO.		
RETURN APLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email					



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

Fax: (314) 533-3100

# **Certificate of Analysis**

Customer Name

Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 18-Oct-2023

Lot # AG329101 Model 108

Exp Date 18-Oct-2025 Cyl. Type 108 **Component** Ethanol Certified Concentration

0.080

Nitrogen

0.080 ± 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	6 1 0 0 1 1 1 1	• •

 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

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:10.19.2023 17:39

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



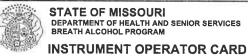
# PERMIT TYPE II DANIEL CRIHFIELD

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 expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE12/13/2024	adam / fuli
	DIRECTOR STATE PUBLIC HEALTH LABORATORY
NUMBER <b>240256</b>	
EXPIRES 12/13/2026	Daves I. Nichelson
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
4O 580-0771 (6-10)	LAR-4 (RG-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

Operator CRIHFIELD, DANIEL Permit No 240256

Date Issued 12/13/2024 Date Expires 12/13/2026

