#### **RECEIVED**

By Tracy Crews at 9:01 am, Dec 02, 2024



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

#### INTOX DMT MAINTENANCE REPORT

The state of the s	HOL KEI OKT				REPORT #		
Complete this report at the time of the regular Complete this report whenever the instrumen Retain the original and send a copy within 15	t is serviced or repaired ar	d wheneve	ritie placed into	ed 35 days). o service			
NAME OF AGENCY 500236 Farmington Police Department				DATE OF INSPECTION 11/29/2024			
LOCATION OF INSTRUMENT (STREET AND CITY) 310 Ste. Genevieve Ave. Farmington M	TIME OF INSPECTION 09:50:37						
CHECKLIST: Place a mark in the box by eac values where determined). Unmarked items n							
☑ DIAGNOSTIC RECORD	ndst be confected before to	ising institu	nent.				
DATE AND TIME 11/29/2024 09:50:4	10	☑ DETE	CTOR				
☑ PROGRAM		X FILTE					
☑ SAMPLE CHAMBER 48.8°C		X FILTE					
☑ BREATH TUBE_43.5°C		XI FILTE					
X PUMP	RNAL STANDA						
BREATH ANALYZER ACCURACY STAND	ARDS			\ <u>\</u>	-		
☐ SIMULATOR STANDARD	☐ SIMULATOR STANDARD				URE		
STANDARD SUPPLIER INTOXIMETE	RS LOT#	AG3346			12/12/2025		
SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SI	M. NIST EXP DAT			
of .005 or less. Mark the box correspond.  ☑ 0.10% STANDARD - MUST REA  ☐ 0.08% STANDARD - MUST REA  ☐ 0.04% STANDARD - MUST REA  TEST 1: 0.103	ND BETWEEN 0.095% AN ND BETWEEN 0.076% AN	ND 0.105% ND 0.084%	INCLUSIVE	TEST 3: 0.103			
X PERFORM R.F.I. TEST	US VIDE THE BUILDING STATES			1231 3. 0.103			
NDICATE THE NUMBER OF BREATH TE	STS IN THE FOLLOWIN	IC DANCE	e cince the	LACTARAGET			
REFUSALS: 0 0-:04: 0	.05-,09: 0	The same of the same of					
IST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR N STABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	10DIFICATION THAT WAS MADE TO	.1014; I	INSTRUMENT TO OP	.15-,19: 0	OVER .19: 0		
NSPECTING OFFICER							
IGNATURE		Ippier con	HIEL MILE				
PE II PERMIT NUMBER			LARRY E LACEY				
230282	11/30/2025		573-366-211				
RETURN COMPLETED REPORT TO THE	Breath Alcohol Program, by mail, fax, or email	Missouri D	The state of the 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: 13-Dec-2023

Lot # AG334602 Model 108

**Exp Date** 12-Dec-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:

Concentration

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

799.4 ppm 253.4 ppm CRM Serial No. CC727493

CC727498

Concentration 389.8 ppm 150.2 ppm

Analytical Method: NDIR

CC727496

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Argas USA LLC (Lab) Date:12.15.2023 08:35

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



LAB 4 (R6-10)

# PERMIT TYPE II

# LARRY E. LACEY

is hereby authorized to instruct and supervise and operate the following breath analyzer(s):	operators,	train instructors.	inspect	calibrate	perform field	contino o	ad ranaina
and operate the following breath analyzer(s):	.,	,		Jan Jaro	bought their	SOI VICE A	nu repairs,

#### 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. Mile Massur DATE \_\_\_\_11/30/2023 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 230282 Daves J. Michaelson EXPIRES 11/30/2025 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)



INSTRUMENT OPERATOR CARD The numed cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired oir in Missoun.

Operator LACEY, LARRY Permit No 230282

