RECEIVED

By Tracy Crews at 7:34 am, Oct 02, 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 mor Complete this report whenever the instrument is so Retain the original and send a copy within 15 days	erviced or repaired and whenever i	t is placed into service.		
NAME OF AGENCY Dexter Police	NAME OF AGENCY Dexter Police Department		DATE OF INSPECTION 10/02/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) 305 Cooper Street, Dexter MO 63841		05:28:22		
CHECKLIST: Place a mark in the box by each ite values where determined). Unmarked items must	m if found to be satisfactory or is o be corrected before using instrume	perating within established limits.	(Write in observed	
☑ DIAGNOSTIC RECORD				
DATE AND TIME 10/02/2024 05:28:24 ☑ DETECTOR				
☑ PROGRAM ☑ FILTER 1				
SAMPLE CHAMBER 48.8°C				
☐ BREATH TUBE 46.1°C ☐ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARI	DS			
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE			JRE	
	LOT# AG31870	EXP. DATE_	07/06/2025	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DAT	E	
Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used. □ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE □ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE				
	TEST 2: 0.103		TEST 3: 0.102	
▼ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS	S IN THE FOLLOWING RANGE	S SINCE THE LAST MAINTEN	ANCE REPORT:	
REFUSALS: 0 004: 0	.0509: 0 .1014: 0		OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODII ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	FICATION THAT WAS MADE TO RESTORE THE	INSTRUMENT TO OPERATE SATISFACTORILY	Y AND WÎTHIN	
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER	PRINT FULL ANDRI	NAME EW JOHNSON TELEPHONE NUMBER		
	08/29/2026 Freath Alcohol Program, Missouri D y mail, fax, or email	573-624-5512 Department of Health and Senior S	Services	



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: 8-Jul-2023

Lot # AG318703 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

6-Jul-2025

108

Ethanol

0.100 ± 2% BrAC (260 ppm)

Nitrogen

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

Concentration **RGM Serial No.** EB0010581 391.8 ppm EB0010570 259.8 ppm EB0010285 209.0 ppm EB0010561 103.7 ppm EB0010681 52.22 ppm

RGM Serial No. EB0010603 EB0010559

392.5 ppm 258.9 ppm 104.2 ppm

Concentration

EB0010562 EB0010579

52.94 ppm

CRM Serial No.

Concentration

CRM Serial No.

Concentration

CC727481 CC727496 800.0 ppm 253.0 ppm CC727493 CC727498

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:07.10.2023 14:38

Approved for Release:

Roll Marsola

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

ANDREW JOHNSON

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.

DATE 8/29/2024

NUMBER 240184

EXPIRES 8/29/2026

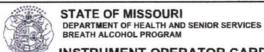
MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Davla I. Nichelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



INSTRUMENT OPERATOR CARD

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 JOHNSON, ANDREW

Permit No 240184

Date Issued 8/29/2024 Date Expires 8/29/2026

