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By Tracy Crews at 7:23 am, Dec 04, 2024



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

The state of the s	- IVEL OICE			
Complete this report at the time of the regular mon Complete this report whenever the instrument is se Retain the original and send a copy within 15 days	erviced or repaired and when	never it is placed in	eed 35 days). to service.	
INTOX DMT SN SOUZ37 NAME OF AGENCY Dexter Police Department			DATE OF INSPECTION 12/02/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) 305 Cooper Street, Dexter MO 63841			TIME OF INSPECTION 13:44:28	
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 12/02/2024 13:44:30				
☑ PROGRAM ☑ FILTER 1				
SAMPLE CHAMBER_48.8°C				
☐ BREATH TUBE 44.8°C ☐ ☐ FILTER 3				
☐ PUMP ☐ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARD	S			
☐ SIMULATOR STANDARD ☐ COMPRESSED ETH		HANOL-GAS MIXTURE		
STANDARD SUPPLIER INTOXIMETERS	LOT#_AG3	18703	EXP. DATE <u>07/0</u>	6/2025
SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE	
 □ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) 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 1: 0.102	EST 2: 0.102		TEST 3: 0.103	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWING RA	NGES SINCE TH	IE LAST MAINTENANCE	E REPORT:
REFUSALS: 1 004: 0	0509: 1 .10-	.14: 2	.1519: 0	OVER .19: 2
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	CATION THAT WAS MADE TO RESTOR	RE THE INSTRUMENT TO	OPERATE SATISFACTORILY AND W	JITHIN
INSPECTING OFFICER				《 15 15 15 15 15 15 15 15 15 15 15 15 15
PRINT FULL NAME COREY MARTINEZ				
TYPE II PERMIT NUMBER 240228	EXPIRATION DATE 10/29/2026	TELEPHONE NUM 573-624-5	BER	
RETURN COMPLETED 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) 533-7328

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

6-Jul-2025

Cyl. Type

108

Component

Ethanol

Certified Concentration

 $0.100 \pm 2\%$ BrAC (260 ppm)

Nitrogen

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 EB0010561

209.0 ppm 103.7 ppm EB0010562

104.2 ppm

EB0010681

52.22 ppm

EB0010579

CRM Serial No.

52.94 ppm

CRM Serial No.

Concentration

CC727493

Concentration

CC727481 CC727496 800.0 ppm 253.0 ppm

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:

Rosl 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

COREY MARTINEZ

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

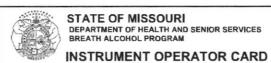
INTOX DMT

for the determination of the alcoholic content of blood from a sample of ex	cpired air. Permit issued under the provisions of sections
577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.	
	adam Mi

DATE 10/29/2024	adam / fuli	
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY	
NUMBER 240228		
EXPIRES 10/29/2026	Davla J. Nichelson	
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES	

MO 580-0771 (6-10)

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired ai in Missouri.

Operator MARTINEZ, COREY
Permit No 240228

Date Issued 10/29/2024 Date Expires 10/29/2026

