

By Tracy Crews at 7:48 am, Jun 13, 2024



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

INTOX DMT MAINTENANCE REPORT

	THE REPORT OF THE PARTY OF THE	2.02.0 Deliver Manager 1984 (Manager 1986)				REPO	RT#
Retain the original and	ichevel die institutien i	nonthly preventive mainte s serviced or repaired an ays to the Breath Alcoho	d 1416 a m a 1	1.5	ceed 35 days). nto service.		
INTOX DMT SN 500238	NAME OF AGENCY Camden Co Sheriffs Office				DATE OF INSPECTION 06/08/2024		-
133 Cherokee, Fou	n of instrument (street and city) Cherokee, Four Seasons MO 65049				TIME OF INSPECTION 09:06:19		
CHECKLIST: Place a r values where determine	mark in the box by each ed). Unmarked items mu	item if found to be satisfa st be corrected before us	actory or is operati	ng wit	hin established limits. (Write in observed	
☑ DIAGNOSTIC REC	CORD	201010 41	ong motiument.		- 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18		
DATE AND TIME_	06/08/2024 09:06:22		☑ DETECTOR	_			
☑ PROGRAM			☑ FILTER 1				
☑ SAMPLE CHAP	MBER_48.8°C		☑ FILTER 2	-			
☑ BREATH TUBE	48.1°C		☑ FILTER 3				
☑ PUMP			☑ INTERNAL S	TAND	ARD		
BREATH ANALYZER	ACCURACY STANDA	RDS					
☐ SIMULATOR S	TANDARD		☑ COMPRESSE	DET	HANOL-GAS MIXTUR	RE	-
STANDARD SUPPI		LOT#_	AG331301		EXP. DATE_1	1/09/2025	
☐ SIMULATOR TEMP		SIM. SN ANDARD IS TO BE US ests must be within ±5%			SIM. NIST EXP DATE		
☑ 0.10% STA☑ 0.08% STA	NDARD - MUST READ NDARD - MUST READ	g to the standard being u BETWEEN 0.095% AN BETWEEN 0.076% AN BETWEEN 0.038% AN	D 0.105% INCLUS D 0.084% INCLUS	SIVE			
TEST 1: 0.100		TEST 2: 0.100		TEST 3: 0.101			
PERFORM R.F.I. TE	ST						
NDICATE THE NUMB	ER OF BREATH TEST	TS IN THE FOLLOWIN	G RANGES SINC	ETH	IE LAST MAINTENA	NCE REPORT:	
REFUSALS: 0	004: 0	.0509: 2	.10- 14- 1		15- 10: 2	OVED 40: 0	_
JST ANY NEW PARTS AND DESC ESTABLISHED LIMITS (USE OTHE	RIBE ANY ALTERATION OR MOE R SIDE IF NECESSARY)	DIFICATION THAT WAS MADE TO	RESTORE THE INSTRUM	ENT TO	OPERATE SATISFACTORILY A	ND WITHIN	_
NSPECTING OFFICER SIGNATURE YPE II PERMY NOMBER 230052	₹ 2 4 <i>}</i> ,	EXPIRATION DATE 03/27/2025	PRINT FULL NAME ROBERT W S				
RETURN COMPLETED		Breath Alcohol Program, by mail, fax, or email	I Missouri Departm	ent of	Health and Senior Ser	vices	



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: 9-Nov-2023

Lot # AG331301 Model 108

Exp Date 9-Nov-2025 Cyl. Type 108

Component

Certified Concentration

Ethanol

Nitrogen

0.100 ± 2% BrAC (260 ppm)

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

RGM Serial No.	Concentration 392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm
EB0010562 EB0010579	
	EB0010603 EB0010559 EB0010562

CRM Serial No.	Concentration	CRM Serial No.	Concentration	
CC727481 CC727496	799.4 ppm 253.4 ppm	CC727493	389.8 ppm	
		CC727498		

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Afrgas USA LLC (Lab) Date:11.09,2023 19:57

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

ROBERT SELBY

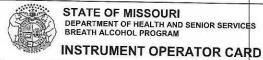
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 air in Missouri.

Operator SELBY, ROBERT Permit No 230052

Date Issued 3/27/2023 Date Expires 3/27/2025

