

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 day	serviced or repaired and v	vhenever it is placed int		
INTOX DMT SN S00238 NAME OF AGENCY Camden Co Sheriffs Office			07/06/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) 133 Cherokee, Four Seasons MO 65049		TIME OF INSPECTION 23:14:56	,	
CHECKLIST: Place a mark in the box by each ite values where determined). Unmarked items must	em if found to be satisfact t be corrected before usin	ory or is operating with g instrument.	in established limits. (Wr	ite in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>07/06/2024 23:14:59</u>	DETECTOR			
☑ PROGRAM	FILTER 1			
SAMPLE CHAMBER 48.7°C				
☑ BREATH TUBE 48.0°C ☑ FILTER 3				
☑ PUMP			ARD	
BREATH ANALYZER ACCURACY STANDAR	RDS			
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE				
☐ STANDARD SUPPLIER AIRGAS	LOT#_ <i>_P</i>	AG331301	EXP. DATE11/0	09/2025
☐ 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: 0.100	TEST 2: 0.099		TEST 3: 0.100	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
REFUSALS: 0 004: 0	.0509: 0	.1014: 4	.1519: 0	OVER .19: 1
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)				
INSPECTING OFFICER				
SIGNATURE		PRINT FULL NAME DAVID HENDERS	ON	
TYPE II PERMIT NUMBER (1977) 230153	EXPIRATION DATE 08/01/2025	TELEPHONE NUM 573-346-2	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: 9-Nov-2023

Lot # AG331301 Model 108

Exp Date 9-Nov-2025

Cyl. Type

Component

Certified Concentration

108

Ethanol

0.100 ± 2% BrAC (260 ppm)

Nitrogen

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

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

RGM Serial No. EB0010603 EB0010559

392.5 ppm 258.9 ppm EB0010562

EB0010681 52.22 ppm EB0010579

104.2 ppm 52.94 ppm

CRM Serial No.

Concentration

CRM Serial No.

Concentration

Concentration

CC727481 CC727496

799.4 ppm 253.4 ppm CC727493 CC727498

mag 8.888 150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas 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

DAVID HENDERSON

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

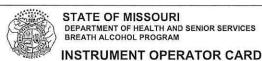
ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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 8/1/2023	Mike Massmu
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230153	
EXPIRES 8/1/2025	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

HENDERSON, DAVID

Permit No 230153 Date Issued 8/1/2023

Date Expires 8/1/2025

