RECEIVED

By Tracy Crews at 7:52 am, Jul 12, 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 monthl Complete this report whenever the instrument is serv Retain the original and send a copy within 15 days to	iced or repaired and w	henever it is placed	ceed 35 days). into service.		
INTOX DMT SN NAME OF AGENCY 500238 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 item i values where determined). Unmarked items must be	f found to be satisfact	ory or is operating wi	thin established limits. (W	rite in observed	
☑ DIAGNOSTIC RECORD		9			
DATE AND TIME <u>07/06/2024 23:14:59</u> ☑ DETECTO					
☑ PROGRAM ☑ FILTER					
SAMPLE CHAMBER 48.7°C					
☑ BREATH TUBE 48.0°C ☑ FILTER 3					
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDARDS					
☐ SIMULATOR STANDARD			THANOL-GAS MIXTURE		
☑ STANDARD SUPPLIER AIRGAS	LOT#_A	G331301	EXP. DATE 11	/09/2025	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE_		
 □ CALIBRATION CHECK - (ONLY ONE STAND Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to the contract of .010% STANDARD - MUST READ BET □ 0.08% STANDARD - MUST READ BET □ 0.04% STANDARD - MUST READ BET 	ne standard being use WEEN 0.095% AND WEEN 0.076% AND	ed. 0.105% INCLUSIVE 0.084% INCLUSIVE			
TEST 1: 0.100 TE	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 .05	09: 0	1014: 4	.1519: 0	OVER .19: 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICA ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	TION THAT WAS MADE TO RE	STORE THE INSTRUMENT T	O OPERATE SATISFACTORILY AN	D WITHIN	
INSPECTING OFFICER					
SIGNATURE PRINT FUL			NAME D HENDERSON		
TYPE II PERMIT NUMBER (1975) 230153	EXPIRATION DATE 08/01/2025	TELEPHONE NI 573-346	JMBER		
RETURN COMPLETED REPORT TO THE Brea			of Health and Senior Serv	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

Ethanol Nitrogen Certified Concentration

0.100 ± 2% BrAC (260 ppm)

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 EB0010681 52.22 ppm

RGM Serial No. Concentration EB0010603 EB0010559 EB0010562

392.5 ppm 258.9 ppm 104.2 ppm

EB0010579

52.94 ppm

CRM Serial No. CC727481

Concentration 799.4 ppm

CRM Serial No. CC727493

Concentration

CC727496

253.4 ppm

CC727498

389.8 ppm 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):

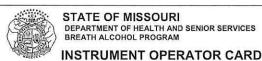
ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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
DATE STATE	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

