#### **RECEIVED**

By Tracy Crews at 9:13 am, Jun 10, 2024



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

#### INTOX DMT MAINTENANCE REPORT

REPORT #1

		144		
Complete this report at the time of the regular monthly p Complete this report whenever the instrument is service Retain the original and send a copy within 15 days to th	d or repaired and whenever it i	s placed into service.		
name of agency 500239 Mexico Public Safety Department		DATE OF INSPECTION 06/06/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) 300 N. Coal, Mexico, MO 65265		TIME OF INSPECTION 11:44:07		
CHECKLIST: Place a mark in the box by each item if for values where determined). Unmarked items must be co	ound to be satisfactory or is oper crected before using instrumen	erating within established limits. t.	(Write in observed	
☑ DIAGNOSTIC RECORD		-		
DATE AND TIME <u>06/06/2024 11:44:09</u>	□ DETECT	OR		
☑ PROGRAM				
☑ SAMPLE CHAMBER_48.9°C				
☑ BREATH TUBE 46.4°C	☑ FILTER 3			
PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD		SSED ETHANOL-GAS MIXT	URE	
☑ STANDARD SUPPLIER INTOXIMETERS	LOT #_AG220102	EXP. DATE_	07/20/2024	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DA	TE	
of .005 or less. Mark the box corresponding to the  ☑ 0.10% STANDARD - MUST READ BETW  ☐ 0.08% STANDARD - MUST READ BETW  ☐ 0.04% STANDARD - MUST READ BETW	EEN 0.095% AND 0.105% IN EEN 0.076% AND 0.084% IN	CLUSIVE		
TEST 1: 0.102 TEST	2: 0.102	TEST 3: 0.102		
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWING RANGES	SINCE THE LAST MAINTEN	IANCE REPORT:	
REFUSALS: 1 004: 0 .050	99: 0 .1014: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATIO ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	IN THAT WAS MADE TO RESTORE THE IN	STRUMENT TO OPERATE SATISFACTORIL	Y AND WITHIN	
INSPECTING OFFICER SIGNATURE		C LYBARGER		
TYPE   PERMITHUMBERY/COURSE 240120  RETURN COMPLETED REPORT TO THE Prooff	05/29/2026	EPHONE NUMBER 573-581-2100	0	
by mail	Alcohol Program, Missouri De , fax, or email			
MO 590 2909 (5 10)	OLIAL ODDODTI INITY/AFEIRMATIVE ACTIO	MI EMOLOVEO	I AB-16	



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: 20-Jul-2022

Lot # AG220102 Model 108

Exp Date 20-Jul-2024 Cyl. Type 108 **Component** Ethanol Certified Concentration 0.100 ± 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	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		• •

 CRM Serial No.
 Concentration
 CRM Serial No.
 Concentration

 CC727481
 800.0 ppm
 CC727493
 390.0 ppm

 CC727496
 253.0 ppm
 CC727498
 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Resson:Dry gas standard certification of analysis Location:Alrgas USA LLC (Lab) Date:07.21.2022 14:10

Approved for Release:

Rod Marsala

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

## **AUSTIN LYBARGER**

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

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MO 680-0771 (6-10)

LAB-4 (F16-10)



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 LYBARGER, AUSTIN Permit No 240120

Date Issued 5/29/2024 Date Expires 5/29/2026

