STATE PUBLIC HEALTH LABORATORY

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS, NAME OF AGENCY DATE OF INSPECTION NTOX DMT SN 500239 Mexico Public Safety Department 07/03/2024 OCATION OF INSTRUMENT (STREET AND CITY) TIME OF INSPECTION 300 N. Coal, Mexico, MO 65265 09:44:52 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. DATE AND TIME 07/03/2024 09:44:54 ☑ PROGRAM ☑ FILTER 1 SAMPLE CHAMBER 48.7°C ☑ FILTER 2 ☑ BREATH TUBE 47.2°C ☑ FILTER 3 □ PUMP ☑ INTERNAL STANDARD BREATH ANALYZER ACCURACY STANDARDS ☐ SIMULATOR STANDARD EXP. DATE 07/20/2024 LOT# AG220102 SIM. SN SIMULATOR TEMP (34°C ± 0.2°C) SIM, NIST EXPIDATE 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. XI 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 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 MAINTENANCE REPORT: REFUSALS: 0 .05-.09: 0 15-.19: 0 OVER .19: 1 0-.04: 0 .10-.14: 1 LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN STABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) INSPECTING OFFICER SIGNATURE PRINT FULL NAME STUART J THOMPSON TYPE II PERMIT NUMBER EXPIRATION DATE TELEPHONE NUMBER 12/02/2024 573-581-2100 220267 RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email

REPORT #1



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 Cralg Road St. Louis, Mo 63146

Test Date: 20-Jul-2022

Lot # AG220102 Model 108

Exp Date 20-Jul-2024 Cyl. Type

Component

Certified Concentration

108

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	RGM Seria
EB0010581	391.8 ppm	EB001060:
EB0010570	259.8 ppm	EB001055
EB0010285	209.0 ppm	EB001056
EB0010561	103.7 ppm	EB001057
EB0010681	52.22 ppm	

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

CRM Serial No.	Concentration
CC727481	800.0 ppm
CC727496	253,0 ppm

CRM Serial No. Co CC727493 39 CC727498 15

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally algaed by Quelly Control Reason:Dry gae standerd corlification of analysis Location:Airges 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

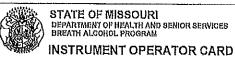
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

STUART J. THOMPSON

is hereby authorized to instruct and supervise operators, tr and operate the following breath analyzer(s):	rain instructors, inspect, calibrate, perform field service and repairs,		
INTOX DMT			
577.020 through 577.041, RSMo and 606.111 through 306.	sample of expired air. Permit issued under the provisions of sections 119 RSMo. Wile Massure		
DATE12/2/2022	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 220267	Daves I. Michaelson.		
EXPIRES 12/2/2024			
MQ 560-0221 (0-10)	DIFFECTOR OF DEPARTMENT OF HEALTH AND SENIOR BERVIOES (46-66), F.SA., (46-66), F.SA.		



The named certholder is enthorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator THOMPSON, STUART Permit No 220267

Date issued 12/2/2022 Date Expires 12/2/2024

