

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 servi Retain the original and send a copy within 15 days to	ced or repaired and whenev	er it is placed into service.	•		
ntox omt sn name of agency 500239 Mexico Public Safety Department		DATE OF INSPECTION 11/01/2024	4		
LOCATION OF INSTRUMENT (STREET AND CITY) 300 N. Coal, Mexico, MO 65265		TIME OF INSPECTION 11:10:54			
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.					
☑ DIAGNOSTIC RECORD					
DATE AND TIME 11/01/2024 11:10:56	⊠ DET	ECTOR			
☑ PROGRAM	X FILT	ER 1			
☑ SAMPLE CHAMBER 48.7°C ☑ FILTER 2					
☑ BREATH TUBE 48.1°C	☑ BREATH TUBE_48.1°C ☑ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDARDS					
☐ SIMULATOR STANDARD	⊠ con	IPRESSED ETHANOL-GAS MIX	TURE		
☑ STANDARD SUPPLIER INTOXIMETERS	LOT# <u>AG417</u>	101 EXP. DATI	E <u>06/19/2026</u>		
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP D	ATE		
 □ 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: 0.104 TE	ST 2: 0.103	TEST 3: 0.103			
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS: 2 004: 1 .05	09: 0 .1014	: 0 .1519: 0	OVER .19: 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICA ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	TION THAT WAS MADE TO RESTORE	THE INSTRUMENT TO OPERATE SATISFACTO	RILY AND WITHIN		
November maintence					
INSPECTING OFFICER					
SIGNATURE		ILL NAME TIN C LYBARGER			
TYPE II PERMIPNUMBER VILLON	EXPIRATION DATE 05/29/2026	TELEPHONE NUMBER 573-581-2100			
DETUDY CONDUCTED DEPOSIT TO THE	<u> </u>		ar Candaaa		
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: 20-Jun-2024

Lot # AG417101 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

19-Jun-2026 1

108

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

0.100 ± 2% BrAC (260 ppm

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 CC727481 799.4 ppm

CRM Serial No. CC727493

Concentration 389.8 ppm

CC727496 253.4 ppm

CC727498

150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:06.21,2024 07:18

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

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

for the determination of the alcoholic content of bloo 577.020 through 577.041, RSMo and 306.111 throu	d from a sample of expired air. Permit issued under the provisions of sections
DATE5/29/2024	Mile Massur
DALL SUMMERS	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240120	Davis I. Nichelson
EXPIRES 5/29/2026	Tarra s. 1 Lordello
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
MO 580-0771 (6-10)	LAB-4 (R6-10)



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The nemed 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

