

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

INTOX DMT MAINTENANCE REPORT

REPORT #1

WIOX BILL WOUTE IN							
Complete this report at the time of the regular monthly Complete this report whenever the instrument is servic Retain the original and send a copy within 15 days to the complete this report whenever the instrument is serviced.	ed or repaired and wheneve	er it is placed into					
NAME OF AGENCY 500245 Branson Police Department			DATE OF INSPECTION 12/15/2024				
LOCATION OF INSTRUMENT (STREET AND CITY) 110 W. Maddux Suite 100, Branson Mo. 65616			TIME OF INSPECTION 09:34:13				
CHECKLIST: Place a mark in the box by each item if I values where determined). Unmarked items must be considered in the constant of the consta	ound to be satisfactory or is crected before using instru	operating withir ment.	n established limits. (V	Vrite in observed			
☑ DIAGNOSTIC RECORD							
DATE AND TIME 12/15/2024 09:34:16							
☑ PROGRAM ☑ FILTER 1							
☑ SAMPLE CHAMBER 48.7°C		R2					
☑ BREATH TUBE 48.0°C		ER 3					
☑ PUMP ☑ INTERNAL STANDARD							
BREATH ANALYZER ACCURACY STANDARDS							
☐ SIMULATOR STANDARD	⊠ COM	PRESSED ETH	ANOL-GAS MIXTUR	E			
☑ STANDARD SUPPLIER INTOXIMETERS	LOT#_AG3334	101	EXP. DATE11	1/30/2025			
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SI	M. NIST EXP DATE	I. 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: 0.100		TEST 3: 0.100					
☑ PERFORM R.F.I. TEST							
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWING RANG	ES SINCE THE	LAST MAINTENAN	ICE REPORT:			
REFUSALS: 0 004: 0 .050	09: 2 .1014:	3	.1519: 1	OVER .19: 4			
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	N THAT WAS MADE TO RESTORE TH	IE INSTRUMENT TO OF	ERATE SATISFACTORILY AN	ID WITHIN			
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER 240131	PRINT FUL GREC EXPIRATION DATE 05/29/2026	L NAME S J YARTZ TELEPHONE NUMBE	R				
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: 30-Nov-2023

Lot # AG333401 Model 108

Exp Date 30-Nov-2025

Cyl. Type 108

Component

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Ethanol Nitrogen

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

22.22 ppm	RGM Serial No. EB0010581 EB0010570 EB0010285 EB0010561 EB0010681	Concentration 391.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm 52.22 ppm	RGM Serial No. EB0010603 EB0010559 EB0010562 EB0010579	Concentration 392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm
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CRM Serial No.

Concentration

CRM Serial No.

Concentration

CC727481 CC727496

799.4 ppm 253.4 ppm

CC727493 CC727498 389.8 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Argas USA LLC (Lab) Date:11.30.2023 18:00

Approved for Release:

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



MO 580-0771 (G-10)

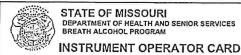
STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM**



PERMIT TYPE II GREG YARTZ

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 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. Mile Masson DATE ___5/29/2024 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 240131 Davla J. Nichelson EXPIRES 5/29/2026_ DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 YARTZ, GREG

Permit No 240131 Date Issued 5/29/2024 Date Expires 5/29/2026

