By Tracy Crews at 7:11 am, Sep 30, 2024



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

THE TOTAL DISTRIBUTION TO SERVICE TO	ILI OITI			
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 t	ced or repaired and whene	ver it is placed into service.		
INTOX DMT SN S00261 NAME OF AGENCY Lake Ozark Police	e Dept.	DATE OF INSP 07/25/20		
LOCATION OF INSTRUMENT (STREET AND CITY) 3162 Bagnell Dam Boulevard, Lake Ozark		TIME OF INSPE 10:47:48		
CHECKLIST: Place a mark in the box by each item if values where determined). Unmarked items must be c	found to be satisfactory or corrected before using instr	is operating within establishe ument.	d limits. (Write in observed	
☑ DIAGNOSTIC RECORD		-		
DATE AND TIME <u>07/25/2024 10:47:52</u>	☑ DE	TECTOR	· · · · · · · · · · · · · · · · · · ·	
☑ PROGRAM	⊠ FIL	TER 1		
☑ SAMPLE CHAMBER 48.7°C	⊠ FIL	ΓER 2		
☑ BREATH TUBE 48.1°C	⊠ FIL	ΓER 3		
X PUMP	⊠ INT	ERNAL STANDARD		
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD	⊠ co	MPRESSED ETHANOL-GAS	MIXTURE	
☐ STANDARD SUPPLIER INTOXIMETERS	LOT #_ AG400	0203 EXP. I	DATE 01/02/2026	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EX	XP DATE	
 ☑ CALIBRATION CHECK - (ONLY ONE STANDAR Run three tests using a standard. All three tests m of .005 or less. Mark the box corresponding to the ☑ 0.10% STANDARD - MUST READ BETV ☐ 0.08% STANDARD - MUST READ BETV ☐ 0.04% STANDARD - MUST READ BETV 	e standard being used. WEEN 0.095% AND 0.105 WEEN 0.076% AND 0.084	% INCLUSIVE % INCLUSIVE	a spread	
TEST 1: 0.102 TES	T 2: 0.101	TEST 3: 0	.102	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWING RAN	GES SINCE THE LAST MA	INTENANCE REPORT:	
REFUSALS: 0 004: 101 .05	.09: 2 .101	4: 9 .1519: 6	OVER .19: 3	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATI ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ON THAT WAS MADE TO RESTORE	THE INSTRUMENT TO OPERATE SATISF	FACTORILY AND WITHIN	
INSPECTING OFFICER SIGNATURE PRINT FULL NAME				
2-0		OTT PATRICK		
TYPE II PERMIT MUMBER 240124	05/29/2026	TELEPHONE NUMBER 573-369-2341		
	n Alcohol Program, Missou ill, fax, or email	ri Department of Health and S	Senior Services	



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: 21-Apr-2022

Lot # AG211003 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

20-Apr-2024

108

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

arioi 0.100 ± 2% BIAC (260 p)

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 Reason:Dry gas standard certification of analysis Location:Alrgas USA LLC (Lab) Date;04.28,2022 15:29

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 SCOTT E. PATRICK

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.

	u	Laina Q Day
DATE	5/11/2022	
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	220136	
rwoinea	5/11/2024	Daves J. McDelson
EXPIRES 5/11/2024	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 broath form of expired air in Missour.

Operator PATRICK, SCOTT

Permit No 220136

Date Issued 5/11/2022 Date Expires 5/11/2024

