

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

RECEIVED

By Tracy Crews at 3:40 pm, Jul 24, 2024

INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of Complete this report whenever the Retain the original and send a co	ne instrument is serviced	d or repaired and v	vhenever it is placed in			
INTOX DMT SN NAME OF AGENCY 500262 Name of Agency Malden Police Department			07/23/2024			
LOCATION OF INSTRUMENT (STREET AND CITY) 112 E. Laclede Malden MO 63863				TIME OF INSPECTION 07:22:03		
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 <u>07/23/2024 07:22:06</u> ☑ DETECTOR						
☑ PROGRAM ☑ FILTER 1						
SAMPLE CHAMBER 48.8°C						
BREATH TUBE 44.0°C	>	X	FILTER 3			
☑ PUMP	☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURA	ACY STANDARDS					
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE						
STANDARD SUPPLIER IN	TOXIMETERS	LOT#_ <u>/</u>	AG305903	EXP. DATE <u>02</u>	/28/2025	
☐ SIMULATOR TEMP (34°C ±	0.2°C)	SIM. SN_		SIM. 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: 0.101	TEST 2: 0.102			TEST 3: 0.102		
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF	BREATH TESTS IN T	HE FOLLOWING	RANGES SINCE T	HE LAST MAINTENAN	CE REPORT:	
REFUSALS: 2 004: 1	5 .0509	9: 0	.1014: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)						
INSPECTING OFFICER SIGNATURE BOBBY JONES						
TYPE II PERMIT NUMBER 240093	[EXPIRATION DATE 04/12/2026	TELEPHONE NU 573-276-			
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: 28-Feb-2023

Lot # AG305903 Model 108

Exp Date 28-Feb-2025 Cyl. Type 108 Component Ethanol Certified Concentration 0.100 ± 2% BrAC (272 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 Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:03.16.2023 14:20

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

BOBBY D. JONES

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.				
DATE 4/12/2024	Mike Magonn			
NUMBER 240093	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
EXPIRES 4/12/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES			