By Tracy Crews at 3:28 pm, May 06, 2024



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

WARREST MATON DIAL MANAGEMENT					
Complete this report at the time of the regular Complete this report whenever the instrument Retain the original and send a copy within 15	is serviced or repaired and v	vhenever it is placed into	o service.		
INTOX DMT SN NAME OF AGENC' Columbia			05/06/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) 600 E. Walnut			TIME OF INSPECTION 13:55:24		
CHECKLIST: Place a mark in the box by eac values where determined). Unmarked items m	h item if found to be satisfact nust be corrected before usin	tory or is operating withi g instrument.	n established limits. (Write	e in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME <u>05/06/2024 13:55;</u> 2	<u>27</u>	DETECTOR			
☑ PROGRAM	Σ	J FILTER 1			
☑ SAMPLE CHAMBER 49.2°C		FILTER 2			
☑ BREATH TUBE 48.1°C		I FILTER 3			
X PUMP	D	INTERNAL STANDA	NRD		
BREATH ANALYZER ACCURACY STANE	OARDS				
☐ SIMULATOR STANDARD	Σ	COMPRESSED ET	HANOL-GAS MIXTURE		
☑ STANDARD SUPPLIER INTOXIMETE	ERS LOT#_/	AG306503	EXP. DATE <u>03/0</u>	6/2025	
☐ 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: 0.100	TEST 2: 0.100		TEST 3: 0.100		
PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TE	ESTS IN THE FOLLOWING	RANGES SINCE TH	IE LAST MAINTENANCI	E REPORT:	
REFUSALS: 1 004: 1	.0509: 1	.1014: 0	.1519: 0	OVER .19: 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) MSC Test	MODIFICATION THAT WAS MADE TO F	ESTORE THE INSTRUMENT TO	OPERATE SATISFACTORILY AND V	VITHIN	
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME MATTHEW B BON	ID		
TYPE II PERMIT NUMBER 230191	EXPIRATION DATE 08/25/2025	TELEPHONE NUM 660-543-4			
RETURN COMPLETED REPORT TO THE	E Breath Alcohol Program, by mail, fax, or email	Missouri Department o	Health and Senior Servic	es	



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100

Fax: (314) 533-3100

Certificate of Analysis

Customer Name

Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 7-Mar-2023

Lot # AG306503 **Model** 108

Exp Date 6-Mar-2025 Cyl. Type 108 Component

Certified Concentration

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 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:03.09,2023 20:47

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

MATT B. BOND

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, INTOXILYZER 8000, INTOX EC/IR II, ASIV W/PRINTER

	termination of the alconolic content of through 577.041, RSMo and 306.111	t blood from a sample of expired air. Permit issued under the provisions of section through 306 119 RSMo
377.020	anough 577.041, Homo and 500.171	Mike Mason
DATE	8/25/2023	
-, ., -		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	230191	
EXPIRES	8/25/2025	Davla J. Nichelson
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)