By Tracy Crews at 8:04 am, Oct 08, 2024



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

Cor Ret	mplete this report at the time of mplete this report whenever the taln the original and send a co	ne instrument is service ppy within 15 days to	ced or repaired and	whenever it is placed i					
	DX DMT SN D0279	NAME OF AGENCY Columbia PD			10/06/2024				
100.	ation of instrument (street and c DO E. Walnut	CITY)	TIME OF INSPECTION 22:35:04						
CH valu	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 10/06/2	☑ DETECTOR							
	☑ PROGRAM		☑ FILTER 1						
	SAMPLE CHAMBER_4	☑ FILTER 2							
	BREATH TUBE 46.9°C	Σ	☑ FILTER 3						
	☑ PUMP ☑ INTERNAL STANDARD								
BREATH ANALYZER ACCURACY STANDARDS									
	☐ SIMULATOR STANDAR	RD	Σ	COMPRESSED E	THANOL-GAS MIXTURE				
	STANDARD SUPPLIER IN	TOXIMETERS	LOT #	AG320002	EXP. DATE <u>07/19</u>	9/2026			
	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			EST 2: 0.100		TEST 3: 0.100				
X	☑ PERFORM R.F.I. TEST								
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:									
	FUSALS: 0 004: 1	1	.09: 0	.1014: 2	.1519: 2	OVER .19: 1			
ESTA	ANY NEW PARTS AND DESCRIBE ANY ABLISHED LIMITS (USE OTHER SIDE IF N hthly maintenance	ALTERATION OR MODIFICATI	ION THAT WAS MADE TO R	ESTORE THE INSTRUMENT T	O OPERATE SATISFACTORILY AND W	TTHIN			
INSPECTING OFFICER									
SIGNATURE Mark D. Holme		PRINT FULL NAME MARK D HOEHN		E					
	E II PERMIT NUMBER 40116		EXPIRATION DATE 05/29/2026	TELEPHONE NU 573-441-					
RE	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: 20-Jul-2023

Lot # AG320002 Model 108

Exp Date 19-Jul-2025 Cyl. Type 108 **Component** Ethanol

Nitrogen

Certified Concentration

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:07.20.2023 17:18

Approved for Release:

Pod Marcala

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