

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

INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the regular m Complete this report whenever the instrument is Retain the original and send a copy within 15 da	serviced or repaired and v	vhenever it is placed in			
INTOX DMT SN NAME OF AGENCY Columbia Pl	D		DATE OF INSPECTION 12/12/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) 600 E. Walnut			TIME OF INSPECTION 08:01:28		
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 12/12/2024 08:01:31 ☑ DETECTOR					
☑ PROGRAM ☑ FILTER 1					
☑ SAMPLE CHAMBER 48.9°C		FILTER 2			
☑ BREATH TUBE 46.8°C	⊠] FILTER 3			
⊠ PUMP	D	I INTERNAL STAND	ARD		
BREATH ANALYZER ACCURACY STANDA	RDS				
☐ SIMULATOR STANDARD		COMPRESSED ET	HANOL-GAS MIXTURE		
STANDARD SUPPLIER INTOXIMETER	SLOT#_/	\G320002	EXP. DATE <u>07/1</u>	9/2025	
SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN_		SIM. NIST EXP DATE		
 \[
TEST 1: 0.101	TEST 2: 0.101		TEST 3: 0.101		
☑ PERFORM R.F.J. TEST					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS: 0 004: 0	.0509: 0	.1014: 0	.1519: 1	OVER .19: 8	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MOI ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	DIFICATION THAT WAS MADE TO R	ESTORE THE INSTRUMENT TO	OPERATE SATISFACTORILY AND	WITHIN	
monthly maintenance					
INSPECTING OFFICER				,	
SIGNATURE Muk D. Hoelne		PRINT FULL NAME MARK D HOEHNI	=		
TYPE II PERMIT NUMBER 240116	EXPIRATION DATE 05/29/2026	TELEPHONE NUI 573-874-	MBER		
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

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Ethanol 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 ges standard certification of analysis Location:Airgas USA LLC (Lab) Date:07 20:2023 17:18

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

MARK D. HOEHNE

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.

DATE5/29/2024	Mike Masson
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240116	Datrio
EXPIRES 5/29/2026	Doula I. Nichelson
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

