By Tracy Crews at 8:10 am, Oct 17, 2024



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

IIII OX B	IVIT IVIAIIVI EIVAIVO	L KLI OKT				KEI OKI #1
Complete this report at the Complete this report whe Retain the original and se	never the instrument is	serviced or repaired and	d whenever	it is placed i	ceed 35 days). nto service.	
INTOX DMT SN 500291	NAME OF AGENCY Boonville PD				DATE OF INSPECTION 10/16/2024	, v
LOCATION OF INSTRUMENT (STRE 401 E. Morgan	EET AND CITY)		-		TIME OF INSPECTION 07:04:51	,
CHECKLIST: Place a may values where determined	ark in the box by each ite). Unmarked items must	em if found to be satisfa	actory or is	operating wit	thin established limits. (Writ	e in observed
☑ DIAGNOSTIC RECO			, '			
DATE AND TIME 1	0/16/2024 07:04:55	•	☑ DETE	CTOR		, , , , , , , , , , , , , , , , , , ,
☑ PROGRAM		у		₹1		
	BER_ 48.8°C			₹ 2		
■ BREATH TUBE_	47.1°C		☑ FILTE	₹ 3		
☑ PUMP	□ PUMP □ INTERNAL STANDARD					
BREATH ANALYZER A	CCURACY STANDAR	DS				
☐ SIMULATOR ST.	ANDARD			RESSED E	THANOL-GAS MIXTURE	
☑ STANDARD SUPPLI	ER INTOXIMETERS	LOT#	AG33130	01	EXP. DATE 11/0	9/2025
☐ SIMULATOR TEMP	(34°C ± 0.2°C)	SIM. SN	1		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: 0.099		TEST 2: 0.098			TEST 3: 0.098	
☑ PERFORM R.F.I. TE	ST	<u></u>				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS: 0	004: 1	.0509: 0	.1014: (0	.1519: 0	OVER .19: 2
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) OPPERATING IN ACCORDANCE TO DHSS STANDARDS						
INSPECTING OFFICER	₹				in a feeting	
SIGNATURE	,		PRINT FULL	ON W BAF	RGER	
TYPE II PERMIT NUMBER 230157	9	EXPIRATION DATE 08/07/2025		TELEPHONE NU	IMBER	
RETURN COMPLETED		Breath Alcohol Program by mail, fax, or email	ı, Missouri [Department of	of Health and Senior Servic	es



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: 9-Nov-2023

Lot # AG331301 Model 108

Exp Date 9-Nov-2025 Cyl. Type 108

Component

Certified Concentration

Ethanol

Nitrogen

 $0.100 \pm 2\%$ 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 389.8 ppm CC727481 799.4 ppm CC727493 150.2 ppm CC727496 253.4 ppm CC727498

Analytical Method: NDIR

Digitally signed by Quality Control Reason Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:11.09.2023 19:57

Approved for Release:

Yusef Woods

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

CLINTON BARGER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

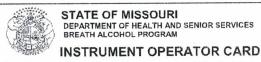
INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections

	Mile Massin
DATE 8/7/2023	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230157	Datrica
EXPIRES 8/7/2025	DONES J. McChelson

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 breath form of expired all in Missour.

Operator BARGER, CLINTON 230157

577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

Date Issued 8/7/2023 Date Expires 8/7/2025

