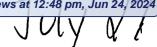


By Tracy Crews at 12:48 pm, Jun 24, 2024





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 monthly Complete this report whenever the instrument is servi Retain the original and send a copy within 15 days to	iced or repaired and whenever it i	s placed into service.		
NAME OF AGENCY 500293 Jefferson City Police Department		DATE OF INSPECTION 06/22/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) 401 Monroe St Jefferson City, MO		TIME OF INSPECTION 16:12:55		
CHECKLIST: Place a mark in the box by each item it values where determined). Unmarked items must be	f found to be satisfactory or is ope corrected before using instrumen	erating within established limits. t.	(Write in observed	
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>06/22/2024 16:13:00</u>				
☑ PROGRAM ☑ FILTER 1				
SAMPLE CHAMBER 48.7°C				
☑ BREATH TUBE 46.5°C	☑ FILTER 3			
☑ PUMP		L STANDARD		
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD		SSED ETHANOL-GAS MIXTU	RE	
☑ STANDARD SUPPLIER INTOXIMETERS	LOT#_AG331301	EXP. DATE	11/09/2025	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DATI		
 □ CALIBRATION CHECK - (ONLY ONE STAND Run three tests using a standard. All three tests r of .005 or less. Mark the box corresponding to the □ 0.10% STANDARD - MUST READ BET □ 0.08% STANDARD - MUST READ BET □ 0.04% STANDARD - MUST READ BET 	ne standard being used. WEEN 0.095% AND 0.105% INC WEEN 0.076% AND 0.084% INC	CLUSIVE	1	
TEST 1: 0.102 TES	ST 2: 0.102	TEST 3: 0.102		
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWING RANGES	SINCE THE LAST MAINTENA	ANCE REPORT:	
REFUSALS: 0 004: 5 .05-	09: 1 .1014: 0	.1519: 2	OVER .19: 3	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICAT ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	TION THAT WAS MADE TO RESTORE THE INS	TRUMENT TO OPERATE SATISFACTORILY	AND WITHIN	
INSPECTING OFFICER				
GNATURE 0 to 1/1 (PRINT FÜLL I		IAME EY E SKINNER		
1 PERMIT NUMBER 220187	EXPIRATION DATE TEL	EPHONE NUMBER 73-634-6400		
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

Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Customer Name Test Date: 9-Nov-2023

Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Lot # AG331301 **Model** 108

Exp DateCyl. TypeComponentCertified Concentration9-Nov-2025108Ethanol
Nitrogen0.100 ± 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
 799.4 ppm
 CC727493
 389.8 ppm

 CC727496
 253.4 ppm
 CC727498
 150.2 ppm

Analytical Method: NDIR

Approved for Release:

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

JEFFREY E. SKINNER

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 o	of expired air. Permit issued under the provisions of section
577.020 through 577.041, RSMo and 306.111 through 306.119 RSM	0.
DATE	Mike Masson
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 220187	Davla I. Nic Osol
	The contract of the contract o

MO 580-0771 (6-10)

EXPIRES 7/22/2024

LAB-4 (R6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator SKINNER, JEFFREY

Permit No 220187

Date Issued 7/22/2022 Date Expires 7/22/2024

