

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

#### INTOY DMT MAINTENANCE DEPORT

REPORT #1

	ICE REPORT					
Complete this report at the time of the regular recomplete this report whenever the instrument in Retain the original and send a copy within 15 d	is serviced or repaired and w	vhenever it is placed				
INTOX DMT SN NAME OF AGENCY Pacific Poli	ice Department	-	04/28/2024			
100 Hoven Pacific, MO 63069			TIME OF INSPECTION 12:28:27			
CHECKLIST: Place a mark in the box by each values where determined). Unmarked items mu	item if found to be satisfact ust be corrected before using	ory or is operating v	within established limits. (	Write in observed		
☑ DIAGNOSTIC RECORD						
DATE AND TIME 04/28/2024 12:28:30	0	DETECTOR				
☑ PROGRAM	☑ FILTER 1					
☑ SAMPLE CHAMBER_48.7°C	☐ FILTER 2					
☑ BREATH TUBE_48.1°C	☑ FILTER 3					
☑ POMP						
BREATH ANALYZER ACCURACY STANDA	ARDS					
☐ SIMULATOR STANDARD		COMPRESSED	ETHANOL-GAS MIXTUR	RE		
	RS LOT#_A	G400203	EXP. DATE	01/02/2026		
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN_		SIM. NIST EXP DATE			
of .005 or less. Mark the box correspondir  ■ 0.10% STANDARD - MUST REAL  ■ 0.08% STANDARD - MUST REAL  ■ 0.04% STANDARD - MUST REAL	D BETWEEN 0.095% AND D BETWEEN 0.076% AND	0.105% INCLUSIV 0.084% INCLUSIV	E			
TEST 1: 0.102	TEST 2: 0.101		TEST 3: 0.101			
PERFORM R.F.I. TEST	'					
INDICATE THE NUMBER OF BREATH TES	STS IN THE FOLLOWING	RANGES SINCE	THE LAST MAINTENA	NCE REPORT:		
REFUSALS: 0 004: 0	.0509: 1	.1014: 0	.1519: 0	OVER .19: 2		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MI ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ODIFICATION THAT WAS MADE TO RE	STORE THE INSTRUMENT	TO OPERATE SATISFACTORILY	AND WITHIN		
INSPECTING OFFICER SIGNATURE		PRINT FULL NAME JAMES H KLING				
TYPE II PERMIT NUMBER / 220192	08/03/2024	636-25				
RETURN COMPLETED REPORT TO THE	Breath Alcohol Program, M by mail, fax, or email	Aissouri Departmen	t of Health and Senior Se	ervices		



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: 4-Jan-2024

Lot # AG400203 Model 108

Exp Date 2-Jan-2026 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 EB0010581 391.8 ppm EB0010570 259.8 ppm EB0010285 209.0 ppm EB0010561 103.7 ppm EB0010681 52.22 ppm

RGM Serial No. Concentration EB0010603 392.5 ppm EB0010559 258.9 ppm EB0010562 104.2 ppm EB0010579 52.94 ppm

CRM Serial No. CC727481

Concentration 799.4 ppm

CRM Serial No.

Concentration

CC727496

253.4 ppm

CC727493 CC727498 389.8 ppm 150.2 ppm

Analytical Method:

NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:01.05.2024 08:53

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	)	
	)	SS
COUNTY OF FRANKLIN	)	

#### AFFIDAVIT FOR RECORDS

Before me, the undersigned authority personally appeared, Sgt. James H Klingler 131, and upon being duly sworn by me, deposed as follows:

My name is Sgt. James Klingler, 131, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of records of the Pacific Police Department's, INTOX DMT SN# 500297.

Attached hereto are 3 pages of records for the INTOX DMT SN# 500297 from the Pacific Police

Department for the month of March 23 2024 to April 28 2024. These pages for the instrument are kept by the Pacific Police Department in the regular course of business, and it is with the regular course of business that an employee of representative to make the record or to transmit information thereof to be included in such records. The records attached hereto are the original or exact duplicates of any and all original records kept by the Pacific Police Department in the regular course of business.

Sgt. James Klingler

Affiant's Name-typed or printed

Affiant's Signature

In witness whereof, I have hereunto subscribed my name affixed may official seal this,

2 day of MM, , 2024

My Commission expires: 5/31/25

Ingela B. Downing

**Notary Public** 

ANGELA B. DOWNING
Notary Public, Notary Seal
State of Missouri
Franklin County
Commission #88541350
My Commission Expires 05-31-2025





# ST. TE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# PERMIT TYPE II

## JAMES H. KLINGLER

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. Permi	it issued under the provisions of sections
577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.	

DATE 8/3/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

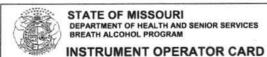
NUMBER 220192

EXPIRES 8/3/2024

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 al in Missouri.

Operator KLINGLER, JAMES

Permit No 220192

te Issued 8/3/2022 Date Expires 8/3/2024

