

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 mon Complete this report whenever the instrument is se Retain the original and send a copy within 15 days	erviced or repaired and	whenever it is place			
INTOX DMT SN NAME OF AGENCY S00298 mountain view	police		DATE OF INSPECTION 11/07/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) 223 west 2 street			TIME OF INSPECTION 10:38:45		
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 11/07/2024 10:38:48	Σ	DETECTOR			
☑ PROGRAM	Σ	FILTER 1			
☑ SAMPLE CHAMBER 48.7°C ☑ FILTER 2					
☑ BREATH TUBE 48.1°C	Σ	I FILTER 3			
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDARD)S				
☐ SIMULATOR STANDARD		COMPRESSED	ETHANOL-GAS MIXT	URE	
☑ STANDARD SUPPLIER_INTOXIMETERS	LOT#	AG400203	EXP. DATE_	01/02/2026	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DAT	TE	
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: 0.098	TEST 2: 0.098		TEST 3: 0.098		
☑ PERFORM R.F.I. TEST	···				
INDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWING	RANGES SINCE	THE LAST MAINTEN	ANCE REPORT:	
REFUSALS: 0 004: 7	0509: 2	.1014: 2	.1519: 0	OVER .19: 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	CATION THAT WAS MADE TO RI	ESTORE THE INSTRUMEN	IT TO OPERATE SATISFACTORILY	Y AND WITHIN	
	<u>.</u>				
INSPECTING OFFICER					
SIGNATURE 0/1-0		PRINT FULL NAME	NA/IENI		
TYPE II PERMIT NOMBER 1/20289	EXPIRATION DATE 12/23/2024	STETSON SCH TELEPHONE 417-93			
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: 4-Jan-2024

150.2 ppm

Lot # AG400203 Model 108

Exp Date 2-Jan-2026 Cyl. Type

Component

Certified Concentration

108

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

253.4 ppm

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

Analytical Method: NDIR

CC727496

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

CC727498

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



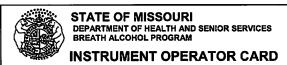
PERMIT TYPE II

STETSON T. SCHWIEN

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 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo. Mile Massure				
NUMBER 220289	Daves J. Nichelson			
EXPIRES 12/23/2024	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES			
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 air in Missouri.

Operator SCHWIEN, STETSON

Permit No 220289

Date Issued 12/23/2022 Date Expires 12/23/2024

