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 mont Complete this report whenever the instrument is set | | | | | | | |
|--|---------------------------------------|-------------------------------------|------------------------------|------------------------|--------------------------------|------------------|--|
| Retain the original and send a copy within 15 days to | | | | | Service. | | |
| INTOX DMT SN NAME OF AGENCY Marble Hill PD | | | | | DATE OF INSPECTION 08/12/2024 | | |
| LOCATION OF INSTRUMENT (STREET AND CITY) 305 First St. Marble Hill Mo, 63764 | | | | | TIME OF INSPECTION 22:54:38 | | |
| CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must b | n if found to | be satisfac | tory or is o | pperating within | established limits. (W | rite in observed | |
| ☑ DIAGNOSTIC RECORD | 0 001100100 | 201010 0011 | ng modium | | | | |
| DATE AND TIME08/12/2024 22:54:40 | | Ď | X DETEC | CTOR | | | |
| ☑ PROGRAM ☑ FILTER | | | | | | | |
| ☑ SAMPLE CHAMBER_48.8°C | | Ē | X FILTER | ₹2 | • | <u> </u> | |
| ☑ BREATH TUBE 47.7°C | _ | Ō | X FILTER | ₹3 | · <u>·</u> ··· | | |
| ☑ PUMP | | | INTER | NAL STANDAF | | ···· | |
| BREATH ANALYZER ACCURACY STANDARDS | 3 | | | | | | |
| ☐ SIMULATOR STANDARD | | ⊅ 707 '9 | i bu∧ | 'me 04:8 } | Tracy Crews a | Na By | |
| STANDARD SUPPLIER INTOXIMETERS | | _ LOT # | AG41410 |)4 | CEINED | 1)26 | |
| SIMULATOR TEMP (34°C ± 0.2°C) | | SIM. SN | | SII | M. NIST EXP DATE | 10 | |
| □ CALIBRATION CHECK - (ONLY ONE STAND Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to □ 0.10% STANDARD - MUST READ BE □ 0.08% STANDARD - MUST READ BE □ 0.04% STANDARD - MUST READ BE | the standar ETWEEN 0. ETWEEN 0. | rd being us 095% ANE 076% ANE | sed. 0 0.105% 0 0.084% | INCLUSIVE INCLUSIVE | • | | |
| TEST 1: 0.100 | EST 2: 0.10 | 00 | TEST 3: 0 | | TEST 3: 0.099 | | |
| PERFORM R.F.I. TEST | | | | | | | |
| INDICATE THE NUMBER OF BREATH TESTS IN | THE FOLI | LOWING F | RANGES | SINCE THE LA | ST MAINTENANCE | REPORT: | |
| REFUSALS: 0 004: 10 | 0509: 0 | | .1014: (|) | .1519: 0 | OVER .19: 0 | |
| LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) | CATION THAT W | AS MADE TO R | RESTORE THE | INSTRUMENT TO OP | PERATE SATISFACTORILY ANI | D WITHIN | |
| Maintenance 8/12/24 | | | | | | | |
| INSPECTING OFFICER SIGNATURE | | | PRINT FULL | NAME 'L GILLIAM | | | |
| TYPE II PERMITAUMSER! | EXPIRATION | | J JEININ | TELEPHONE NUMBE | | | |
| RETURN COMPLETED REPORT TO THE | | 7/2025 ———— | | 573-238-297 ——— | | | |
| Breath Alcohol Program, Missouri Department of Health and Senior Services | | | | | | | |
| BY Tracy Crews at 8:40 am, Aug 15, 2024 085 0W | | | | | | | |
| d : | CEINE | BE lon a | nondiscriminal | tory basis | | _ 0 00 | |

STANDARD CHANGE

Marble Hill PD

INTOX dmt: 500553

Date: 07/12/2024 Time: 13:52:22

OPERATOR NAME: JERRY L GILLIAM

PERMIT NUMBER: 230045

EXPIRATION DATE: 03/27/2025

MISC:

STANDARD CHANGE

LOT #: AG414104

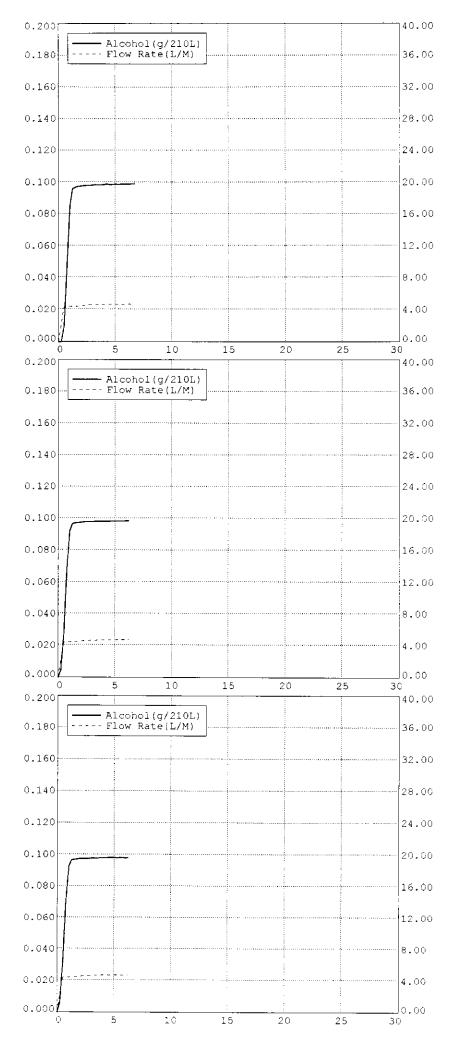
SUPPLIER: INTOXIMETERS EXPIRATION: 05/20/2026 SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION CONCENTRATION: 0.100

TARGET: 0.098

| BLANK TEST | 0.000 | 13:53 |
|-------------------|----------|-------|
| INTERNAL STANDARD | VERIFIED | 13:53 |
| EXTERNAL STANDARD | 0.099 | 13:53 |
| BLANK TEST | 0.000 | 13:54 |
| EXTERNAL STANDARD | 0.099 | 13:54 |
| BLANK TEST | 0.000 | 13:55 |
| EXTERNAL STANDARD | 0.099 | 13:55 |
| BLANK TEST | 0.00 | 13.56 |

Average = 0.0990 Std Dev = 0.0000 Spread = 0.0000



As Hul

Airgas.

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: 21-May-2024

Lot # AG414104 Model 108

Exp Date 20-May-2026 Cyl. Type 108 Component Ethanol Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Nitrogen

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

| RGM Serial No. | Concentration | RGM Serial No. | Concentration |
|----------------|---------------|----------------|-------------------------------------|
| | | EB0010603 | 392,5 ppm |
| EB0010581 | | EB0010559 | 258.9 ppm 104.2 ppm 52.94 ppm |
| EB0010570 | 259.8 ppm | | |
| EB0010285 | 209.0 ppm | EB0010562 | |
| EB0010561 | 103.7 ppm | EB0010579 | |
| EP0010681 | 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

Digitally signed by:Quality Control Reason:Dry gae standard cartification of analysis Location:Airgae USA LLC (Lab)

Approved for Release:

Yusef Woods

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



MC 580-0771 (6-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



LAB-4 (P8-10)

PERMIT TYPE II

JERRY GILLIAM

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.

DATE 3/27/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230045

EXPIRES 3/27/2025

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

INSTRUMENT OPERATOR CARD

The named caribidar 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 GILLIAM, JERRY
Permit No 230045

Date Issued 3/27/2023 Date Expires 3/27/2025