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

RECEIVED

By Tracy Crews at 12:28 pm, C

INTOX DMT MAINTENANCE REPORT

REPORT #1

	TOL ILLI OILLI				REPORT
Complete this report at the time of the regular Complete this report whenever the instrument Retain the original and send a copy within 15	t is serviced or repaired and	d whenever it	is placed into	d 35 days). service.	
INTOX DMT SN S00605 NAME OF AGENCY Clayton Police Department				DATE OF INSPECTION 10/07/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) 10 S. Brentwood Blvd. Clayton, MO 63105				TIME OF INSPECTION 10:20:44	
CHECKLIST: Place a mark in the box by eac values where determined). Unmarked items n	h item if found to be satisfa nust be corrected before us	ctory or is op	erating within		rite in observed
☑ DIAGNOSTIC RECORD					
DATE AND TIME	46	☑ DETECT	ΓOR		
☑ PROGRAM		☑ FILTER	1		
☑ SAMPLE CHAMBER 48.8°C		☑ FILTER 2	2		
☑ BREATH TUBE 48.1°C		☑ FILTER 3	3		
☑ PUMP			AL STANDAR	RD	
BREATH ANALYZER ACCURACY STAND		, , , , , , , , , , , , , , , , , , , ,		-	
☐ SIMULATOR STANDARD		☑ COMPRI	ESSED ETHA	NOL-GAS MIXTURE	
☑ STANDARD SUPPLIER INTOXIMETE	RS LOT#_	AG417401		EXP. DATE 06	/22/2026
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SII	M. NIST EXP DATE	
□ CALIBRATION CHECK - (ONLY ONE S Run three tests using a standard. All three of .005 or less. Mark the box correspond □ 0.10% STANDARD - MUST REA □ 0.08% STANDARD - MUST REA □ 0.04% STANDARD - MUST REA	ing to the standard being u AD BETWEEN 0.095% AN AD BETWEEN 0.076% AN	sed. D 0.105% IN: D 0.084% IN:	ICLUSIVE	must have a spread	
TEST 1: 0.105 TEST 2: 0.105			TEST 3: 0.105		
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TES	TS IN THE FOLLOWING	RANGES SI	NCE THE LA	ST MAINTENANCE F	REPORT:
REFUSALS: 0 004: 0	.0509: 0	.1014: 0		.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR I	MODIFICATION THAT WAS MADE TO	RESTORE THE INS	STRUMENT TO OPI	ERATE SATISFACTORILY AND) WITHIN
INSPECTING OFFICER					
SIGNATURE (Z'II)		CARL GO	ME OODMAN		
TYPE II PERMIT NÚMBĚR 7 7 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	EXPIRATION DATE 09/22/2025		LEPHONE NUMBER 314-655-363		
RETURN COMPLETED REPORT TO THE	Breath Alcohol Program, by mail, fax, or email	Missouri Dep	partment of He	ealth and Senior Servi	ices
MO 580-2898 (5-19)	AN FOLIAL OPPORTUNITY/AF	TIDMATINE ACTIO	NI 51151 61155		



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: 25-Jun-2024

Lot # AG417401 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

22-Jun-2026

108

Ethanol Nitrogen 0.100 ± 2% BrAC (272 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

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

CRM Serial No. CC727481

Concentration 799.4 ppm 253.4 ppm

CRM Serial No. CC727493 CC727498

Concentration 389.8 ppm 150.2 ppm

Analytical Method: NDIR

CC727496

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:06.29.2024 15:09

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

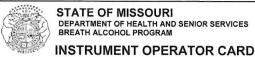
CARL GOODMAN

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

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 ai in Missouri.

Operator GOODMAN, CARL

Permit No 230208

Date Issued 9/22/2023 Date Expires 9/22/2025

