RECEIVED

By Tracy Crews at 3:37 pm, Jan 03, 2025



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 Complete this report whenever the instrumen Retain the original and send a copy within 15	t is serviced or repaired an	d whenever it is placed	xceed 35 days). into service.		
NAME OF AGENCY Caruthersville Police Department			DATE OF INSPECTION 01/03/2025		
LOCATION OF INSTRUMENT (STREET AND CITY) 1400 Ward Ave. Caruthersville, MO.		TIME OF INSPECTION 09:29:27			
CHECKLIST: Place a mark in the box by eac values where determined). Unmarked items n	ch item if found to be satisf	actory or is operating w	rithin established limits. (V	Vrite in observed	
☑ DIAGNOSTIC RECORD		onig modamone.			
DATE AND TIME <u>01/03/2025 09:29:29</u>		☑ DETECTOR			
☑ PROGRAM		☑ FILTER 1			
SAMPLE CHAMBER 48.8°C		☑ FILTER 2			
☑ BREATH TUBE 48.1°C		I FILTER 3			
☑ PUMP	☑ INTERNAL STAN	INTERNAL STANDARD			
BREATH ANALYZER ACCURACY STAND	ARDS				
☐ SIMULATOR STANDARD		COMPRESSED ETHANOL-GAS MIXTURE			
STANDARD SUPPLIER INTOXIMETE	RS LOT#	AG400203	EXP. DATE01	EXP. DATE <u>01/02/2026</u>	
SIMULATOR TEMP (34°C ± 0.2°C)SIM. S			SIM. NIST EXP DATE		
 □ CALIBRATION CHECK - (ONLY ONE S Run three tests using a standard. All three of .005 or less. Mark the box correspondi □ 0.10% STANDARD - MUST REA □ 0.08% STANDARD - MUST REA □ 0.04% STANDARD - MUST REA 	ng to the standard being u D BETWEEN 0.095% AN D BETWEEN 0.076% AN	ised. ID 0.105% INCLUSIVE ID 0.084% INCLUSIVE			
TEST 1: 0.097 TEST 2: 0.098			TEST 3: 0.098		
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TE	STS IN THE FOLLOWIN	G RANGES SINCE T	HE LAST MAINTENAN	ICE REPORT:	
REFUSALS: 0 004: 10	.0509: 0	.1014: 1	.1519: 1	OVER .19: 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ODIFICATION THAT WAS MADE TO	RESTORE THE INSTRUMENT TO	O OPERATE SATISFACTORILY ANI	D WİTHIN	
INSPECTING OFFICER					
SIGNATURE		PRINT FULL NAME MICHAEL R SANDERS			
TYPE II PERMIT NUMBER 240125	EXPIRATION DATE 05/29/2026	TELEPHONE NUM 573-757-7			
RETURN COMPLETED REPORT TO THE	Breath Alcohol Program, by mail, fax, or email	CAMINIS BOACO CO MISSAUL CO	- 3-3-3-4-1-1-1-1-1	ices	



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

Cyl. Type

Component

Certified Concentration

2-Jan-2026

108

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

RGM Serial No.

Concentration

EB0010581

391.8 ppm

EB0010603

oncentiatio

EB0010570 EB0010285 259.8 ppm

EB0010559

392.5 ppm 258.9 ppm

EB0010285 EB0010561 209.0 ppm

EB0010562

104.2 ppm

EB0010561

103.7 ppm 52.22 ppm EB0010579

52.94 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 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