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By Tracy Crews at 1:41 pm, Feb 05, 2025



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

INTOX DMT MAINTENANCE REPORT

INTOX DIVIT WAINTENANCE REPORT	REPORT #
Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.	
INTOX DMT SN S00023 NAME OF AGENCY Caruthersville Police Department DATE OF INSPECTION 02/04/2025	
LOCATION OF INSTRUMENT (STREET AND CITY) 1400 Ward Ave. Caruthersville, MO. 13:42:48	
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 02/04/2025 13:42:51	
☑ PROGRAM ☑ FILTER 1	
☑ SAMPLE CHAMBER 48.9°C ☑ FILTER 2	
☑ BREATH TUBE 48.1°C ☑ FILTER 3	
☑ PUMP ☑ INTERNAL STANDARD	
BREATH ANALYZER ACCURACY STANDARDS	
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE	
☑ STANDARD SUPPLIER INTOXIMETERS LOT # AG400203 EXP. DATE 01/02/2026	
☐ SIMULATOR TEMP (34°C ± 0.2°C) SIM. SN SIM. NIST EXP DATE	
 □ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread 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: 0.097 TEST 2: 0.096 TEST 3: 0.097	
☑ PERFORM R.F.I. TEST	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:	
REFUSALS: 0 004: 0 .0509: 1 .1014: 0 .1519: 1 OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	
INSPECTING OFFICER SIGNATURE PRINT FULL NAME MICHAEL R SANDERS TYPE II PERMIT NUMBER I EXPIRATION DATE TEL EPHONE NUMBER	
TYPE II PERMIT NUMBER 240125 EXPIRATION DATE 573-757-7044	
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

Lot # AG400203 Model 108

Exp Date 2-Jan-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 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 CC727496

Concentration 799.4 ppm 253.4 ppm

CRM Serial No. CC727493 CC727498

Concentration 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