RECEIVED

By Tracy Crews at 10:09 am, Mar 06, 2025



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

2 Val. 10,00						
Complete this repo	rt at the time of the regular m rt whenever the instrument is and send a copy within 15 da	serviced or repaired and	d whenever it is plac	ed into service.		
NAME OF AGENCY 500046 Missouri State Highway Patrol				DATE OF INSPECTION 03/01/2025		
LOCATION OF INSTRUMENT (STREET AND CITY) 10 NE Tudor Rd, Lees Summit, Missouri				TIME OF INSPECTION 23:29:58	First of Street, was Albania	
CHECKLIST: Plac values where deter	e a mark in the box by each i mined). Unmarked items mus	tem if found to be satisfa	actory or is operating	within established limits.	(Write in observed	
☑ DIAGNOSTIC			3			
DATE AND TI	ME 03/01/2025 23:30:01	_	☑ DETECTOR			
☑ PROGRAM ☑ FILTER 1						
SAMPLE C	CHAMBER 48.8°C		☑ FILTER 2			
☑ BREATH T	UBE_45.0°C		☑ FILTER 3			
☑ PUMP	☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZ	ER ACCURACY STANDAR	RDS				
	R STANDARD		☐ COMPRESSED	ETHANOL-GAS MIXTU	JRE	
	JPPLIER INTOXIMETERS	LOT#_	AG400203	EXP. DATE_	01/02/2026	
	EMP (34°C ± 0.2°C) CHECK - (ONLY ONE STA	SIM. SN		SIM. NIST EXP DAT		
□ 0.10% □ 0.08% □ 0.04%	Mark the box corresponding STANDARD - MUST READ STANDARD - MUST READ STANDARD - MUST READ	BETWEEN 0.095% ÄN BETWEEN 0.076% AN BETWEEN 0.038% AN	D 0.105% INCLUSI D 0.084% INCLUSI	VE VE		
TEST 1: 0.099		TEST 2: 0.098		TEST 3: 0.098		
PERFORM R.F						
Section 1 to 1	JMBER OF BREATH TEST	S IN THE FOLLOWIN	G RANGES SINCE	THE LAST MAINTEN	ANCE REPORT:	
REFUSALS: 0	004: 5	.0509: 0	.1014: 0	.1519: 1	OVER .19: 0	
ESTABLISHED LIMITS (USE	DESCRIBE ANY ALTERATION OR MOD OTHER SIDE IF NECESSARY)	INDATION THAT WAS MADE TO	RESTORE THE INSTRUMEN	IT TO OPERATE SATISFACTORILY	AND WITHIN	
INSPECTING OFF	ICER					
CO Ron O			PRINT FULL NAME CONRAD L PURNELL			
TYPE II PERMIT NUMBER 230194	MINERY.	EXPIRATION DATE 08/25/2025	TELEPHONE 816-62	NUMBER		
	TED REPORT TO THE B	reath Alcohol Program, y mail, fax, or email		nt of Health and Senior Se	ervices	
AO 580-2898 (5-19)		AN EQUAL OPPORTUNITY/AF	FIRMATIVE ACTION EMDLO	VER		



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. EB0010581 EB0010570

Concentration 391.8 ppm 259.8 ppm 209.0 ppm

ppm ppm RGM Serial No. EB0010603 EB0010559

Concentration 392.5 ppm 258.9 ppm

EB0010285 EB0010561 EB0010681

103.7 ppm 52.22 ppm EB0010562 EB0010579

104.2 ppm 52.94 ppm

CRM Serial No.

CC727481 CC727496 Concentration

799.4 ppm 253.4 ppm CRM Serial No.

CC727493 389.8 ppm CC727498 150.2 ppm

Concentration

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



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



PERMIT TYPE II

CONRAD L. PURNELL

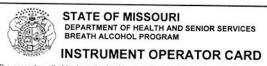
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

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. Mike Massur DATE ___8/25/2023 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 230194 Daves I. nichelson EXPIRES 8/25/2025

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 air

Operator PURNELL, CONRAD Permit No

230194

Date Issued 8/25/2023 Date Expires 8/25/2025

