RECEIVED

By Tracy Crews at 10:10 am, 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 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 onginal and send a copy within 15 days to the Breath Action (Program, DHSS.) PROCESSES (1998) PROCESSE | 114107 | DIVIT WATER | OL KLI OKI | | | | |
|--|--------------------------|--|--|--|--|-------------------|--|
| SO0057 Mississippi County Jail, Charleston, MO 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). Umarked items must be corrected before using instrument. DIAGNOSTIC RECORD DATE AND TIME01/01/2025_12:29:58 | Complete this report v | henever the instrument is | serviced or repaired and | whenever it is place | | | |
| Mississippi County Jail, Charleston, MO 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 TIME01/01/2025 12:29:58 □ DETECTOR □ PROGRAM □ FILTER 1 □ SAMPLE CHAMBER48.8°C □ FILTER 2 □ PUMP □ INTERNAL STANDARD □ BREATH TUBE48.1°C □ FILTER 3 □ PUMP □ INTERNAL STANDARD □ SIMULATOR STANDARD □ SIMULATOR STANDARD □ SIMULATOR STANDARD □ SIMULATOR TEMP (34°C ± 0.2°C) □ SIM. SN □ SIM. NIST EXP DATE | | | ite Highway Patrol | | | | |
| Values where determined.) Unmarked items must be corrected before using instrument. ☑ DIAGNOSTIC RECORD □ DATE AND TIME □1/01/2025 12:29:58 □ DETECTOR □ PROGRAM □ FILTER 1 □ SAMPLE CHAMBER 48.8°C □ FILTER 2 □ BREATH TUBE 48.1°C □ FILTER 3 □ PUMP □ INTERNAL STANDARD □ SIMULATOR STANDARD □ COMPRESSED ETHANOL-GAS MIXTURE □ STANDARD SUPPLIER AIRGAS □ LOT #_AG432102 EXP. DATE □1/16/2026 □ SIMULATOR TEMP (34°C ± 0.2°C) □ SIM. SN □ SIM. NIST EXP DATE □ SIMULATOR TEMP (34°C ± 0.2°C) □ SIM. SN □ SIM. NIST EXP DATE □ SIMULATOR TEMP (34°C ± 0.2°C) □ SIM. SN □ SIM. NIST EXP DATE □ SIMULATOR TEMP (34°C ± 0.2°C) □ SIM. SN □ SIM. NIST EXP DATE □ SIMULATOR TEMP (34°C ± 0.2°C) □ SIM. SN □ SIM. NIST EXP DATE □ SIMULATOR TEMP (34°C ± 0.2°C) □ SIM. SN □ SIM. NIST EXP DATE □ SIMULATOR TEMP (34°C ± 0.2°C) □ SIM. SN □ SIM. NIST EXP DATE □ SIMULATOR TEMP (34°C ± 0.2°C) □ SIM. SN □ SIM. NIST EXP DATE □ SIMULATOR TEMP (34°C ± 0.2°C) □ SIM. SN □ SIM. NIST EXP DATE □ SIMULATOR TEMP (34°C ± 0.2°C) □ SIM. SN □ SIM. NIST EXP DATE □ SIMULATOR TEMP (34°C ± 0.2°C) □ SIM. SN □ SIMULATOR TEMP (3 | | | | | | | |
| DATE AND TIME | CHECKLIST: Place a | mark in the box by each | item if found to be satisfacts | ctory or is operating ng instrument. | within established limits. (| Write in observed | |
| SAMPLE CHAMBER 48.8°C | ☑ DIAGNOSTIC RE | ECORD | | | | | |
| SAMPLE CHAMBER 48.8°C | DATE AND TIME | 01/01/2025 12:29:58 | _ | DETECTOR | | | |
| © BREATH TUBE 48.1°C | | | | | FILTER 1 | | |
| PUMP | SAMPLE CH | SAMPLE CHAMBER 48.8°C I | | | ☑ FILTER 2 | | |
| BREATH ANALYZER ACCURACY STANDARD SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE STANDARD SUPPLIER AIRGAS LOT # AG432102 EXP. DATE 11/16/2026 SIM. NIST EXP DATE CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standardard. All three tests must be within ±5% of the standard being used. 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 being used. COLORS TANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 0.08% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 1.0.098 TEST 1: 0.098 TEST 2: 0.099 TEST 3: 0.099 TEST 3: 0.099 PERFORM R.F.I. TEST INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS: 0 0.04: 0 0.04: 0 0.0509: 0 1014: 0 1519: 0 OVER .19: 0 INSPECTING OFFICER BIGNATURE SIGNATURE SIGNATURE SIGNATURE PRINT FULL NAME JAMES C COOKSEY TYPE II PERMIT NUMBER TELEPHONE NUMBER FILLEPHONE NUMBER | ☑ BREATH TUE | BE_48.1°C | | ☑ FILTER 3 | | | |
| SIMULATOR STANDARD □ SIMULATOR STANDARD □ SIMULATOR STANDARD □ SIMULATOR TEMP (34°C±0.2°C) □ SIMULATOR STANDARD (34°C±0.2°C) □ | ☑ PUMP | | | ☑ INTERNAL STA | NDARD | | |
| STANDARD SUPPLIER_AIRGAS LOT #_AG432102 EXP. DATE11/16/2026 SIM. SIM. NIST EXP DATE | BREATH ANALYZEI | R ACCURACY STANDA | RDS | | | | |
| □ 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: 0.098 TEST 2: 0.099 TEST 3: 0.099 □ PERFORM R.F.I. TEST INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS: 0 0.04: 0 0.509: 0 1014: 0 1.519: 0 OVER .19: 0 UIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN maaintenance INSPECTING OFFICER SIGNATURE SIGNATURE PRINT FULL NAME JAMES C COOKSEY TYPE II PERMIT NUMBER EXPIRATION DATE TELEPHONE NUMBER | ☐ SIMULATOR | ☐ SIMULATOR STANDARD | | □ COMPRESSED ETHANOL-GAS MIXTURE | | | |
| © 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 □ 0.04% STANDARD - MUST READ BETWEEN 0.036% AND 0.084% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE TEST 1: 0.098 © PERFORM R.F.I. TEST INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS: 0 | | PLIER AIRGAS | LOT#_ | AG432102 | EXP. DATE1 | 1/16/2026 | |
| 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: 0.098 ☐ TEST 2: 0.099 ☐ TEST 2: 0.099 ☐ TEST 3: 0.099 ☐ PERFORM R.F.I. TEST INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS: 0 ☐ 0.04: 0 ☐ 0.0509: 0 ☐ 1014: 0 ☐ 1519: 0 ☐ OVER .19: 0 UST 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 ☐ JAMES C COOKSEY TYPE II PERMIT NUMBER ☐ EXPIRATION DATE ☐ TELEPHONE NUMBER | ☐ SIMULATOR TEN | 1P (34°C ± 0.2°C) | SIM. SN | | SIM. NIST EXP DATE | | |
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| TYPE II PERMIT NUMBER JAMES C COOKSEY TYPE II PERMIT NUMBER TELEPHONE NUMBER | | ER | | | | | |
| TYPE II PERMIT NUMBER EXPIRATION DATE TELEPHONE NUMBER | 0 / | 1. | | | KSEY | | |
| 430403 | | May | EXPIRATION DATE 11/28/2025 | TELEPHONE | NUMBER | | |
| RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services | | ED REPORT TO THE | | | | punca • monororo | |



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: 19-Nov-2024

Lot # AG432102 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

16-Nov-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

Concentration

RGM Serial No.

Concentration

EB0010570

391.8 ppm 259.8 ppm EB0010603 EB0010559

392.5 ppm

EB0010285

209.0 ppm

EB0010562

258.9 ppm 104.2 ppm

EB0010561 EB0010681

103.7 ppm 52.22 ppm EB0010579

52.94 ppm

CRM Serial No.

Concentration

CRM Serial No.

Concentration

CC727481 CC727496 799.4 ppm 253.4 ppm

CC727493 CC727498 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:11.22.2024 07:37

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 JAMES C. COOKSEY

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

| | termination of the alcoholic content of blood from a sample through 577.041, RSMo and 306.111 through 306.119 RS | e of expired air. Permit issued under the provisions of section |
|---------|--|---|
| 377.020 | illough 377.041, Nowo and 300.111 though 300.113 No | Mike Massur |
| DATE | 11/28/2023 | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY |
| NUMBER | 230265 | |
| EXPIRES | 11/28/2025 | DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES |

MO 580-0771 (6-10)

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 ali in Missouri.

Operator COOKSEY, JAMES Permit No 230265

