RECEIVED

By Tracy Crews at 7:45 am, Mar 10, 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 o Complete this report whenever th Retain the original and send a cop	e instrument is serviced	or repaired and	whenever it	is placed into			
NTOX DMT SN NAME OF AGENCY Missouri State Highway Patrol					03/01/2025		
LOCATION OF INSTRUMENT (STREET AND CITY) 207 N Main Street, Plattsburg, Missouri 64477					TIME OF INSPECTION 17:29:56		
CHECKLIST: Place a mark in the values where determined). Unmar	e box by each item if four ked items must be corre	nd to be satisfa	ctory or is op	erating withir	n established limit	s. (Write in observed	
☑ DIAGNOSTIC RECORD							
DATE AND TIME 03/01/20	25 17:29:59		□ DETECT	OR			
☑ PROGRAM ☑ FILTER 1							
☑ SAMPLE CHAMBER 48	.8°C		☐ FILTER 2	2			
☑ BREATH TUBE 48.1°C			☐ FILTER 3	3			
☑ PUMP			INTERNA	AL STANDAF	RD		
BREATH ANALYZER ACCURA	CY STANDARDS						
☐ SIMULATOR STANDAR)		☑ COMPRE	ESSED ETH	ANOL-GAS MIXT	TURE	
STANDARD SUPPLIER INT	OXIMETERS	LOT#_	AG335001		EXP. DATE	12/16/2025	
☐ SIMULATOR TEMP (34°C ± (SIM. SN			M. NIST EXP DA		
 ☑ CALIBRATION CHECK - (O Run three tests using a stand of .005 or less. Mark the box ☑ 0.10% STANDARD - ☑ 0.08% STANDARD - ☑ 0.04% STANDARD - 	corresponding to the sta MUST READ BETWEE MUST READ BETWEE	andard being us EN 0.095% ANI EN 0.076% ANI	sed. D 0.105% IN(D 0.084% IN(CLUSIVE	must have a spre	ead	
TEST 1: 0.100 TEST 2: 0		0.100			TEST 3: 0.100		
☑ PERFORM R.F.I. TEST							
NDICATE THE NUMBER OF B	REATH TESTS IN THE	E FOLLOWING	G RANGES	SINCE THE	LAST MAINTEN	NANCE REPORT:	
REFUSALS: 0 004: 0	.0509:	1	.1014: 0		.1519: 0	OVER 19: 2	
IST ANY NEW PARTS AND DESCRIBE ANY ALESTABLISHED LIMITS (USE OTHER SIDE IF NE	TERATION OR MODIFICATION TH	HAT WAS MADE TO P	RESTORE THE INS	TRUMENT TO OP	ERATE SATISFACTORII	Y AND WITHIN	
NSPECTING OFFICER							
010-			BRYCE T				
240161	0	7/29/2026		16-387-234			
RETURN COMPLETED REPOR	T TO THE Breath Alco	ohol Program, k, or email	Missouri Dep	artment of He	ealth and Senior	Services	
O 580-2898 (5-19)	AN FOLIAL	OPPORTLINITY/AFE	IRMATIVE ACTION	LEMBLOYED			



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: 18-Dec-2023

Lot # AG335001 Model 108

Exp Date 16-Dec-2025 Cyl. Type 108

Component Ethanol

Nitrogen

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No. EB0010581 EB0010570 EB0010285 EB0010561 EB0010681	Concentration 391.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm 52.22 ppm	RGM Serial No. EB0010603 EB0010559 EB0010562 EB0010579	Concentration 392.5 ppm 258.9 ppm 104.2 ppm 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:12.21.2023 19:57

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 || BRYCE T. QUIRING

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 sa	mple of expired air. Fermit issued under the provisions of sections
577.020 through 577.041, RSMo and 306.111 through 306.119	RSMo.
DATE7/29/2024	Mike Massur
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 240161

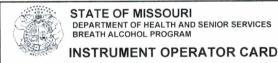
EXPIRES 7/29/2026

Davla J. Nichelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR 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 air in Missouri

Operator Q

QUIRING, BRYCE

Permit No 240161 Date Issued 7/29/2024

Date Expires 7/29/2026

