By Tracy Crews at 7:34 am, Jan 24, 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 Complete this report whenever the instrument is servi-Retain the original and send a copy within 15 days to	ced or repaired and whenever it	is placed into service.	
INTOX DMT SN NAME OF AGENCY Missouri State Hi	DATE OF INSPECTION 01/21/2025		
COCATION OF INSTRUMENT (STREET AND CITY) Pike County Sheriff's Office, Bowling Green, M	TIME OF INSPECTION 20:54:55		
CHECKLIST: Place a mark in the box by each item if values where determined). Unmarked items must be	f found to be satisfactory or is op corrected before using instrume	perating within established limits nt.	s. (Write in observed
☑ DIAGNOSTIC RECORD			
DATE AND TIME <u>01/21/2025 20:54:58</u>	□ DETECT	FOR	
☑ PROGRAM		1	
☑ SAMPLE CHAMBER 48.8°C		2	
☑ BREATH TUBE 47.7°C		3	
☑ PUMP	■ INTERN	AL STANDARD	
BREATH ANALYZER ACCURACY STANDARDS			
☐ SIMULATOR STANDARD		COMPRESSED ETHANOL-GAS MIXTURE	
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#_AG335303	EXP. DATE	12/19/2025
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DA	TE
□ CALIBRATION CHECK - (ONLY ONE STAND) Run three tests using a standard. All three tests n of .005 or less. Mark the box corresponding to th □ 0.10% STANDARD - MUST READ BET □ 0.08% STANDARD - MUST READ BET □ 0.04% STANDARD - MUST READ BET	ne standard being used. WEEN 0.095% AND 0.105% IN WEEN 0.076% AND 0.084% IN	ICLUSIVE ICLUSIVE	
TEST 1: 0.100 TES	ST 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 MAINTEN	NANCE REPORT:
REFUSALS: 0 004: 0 .05-	.09: 3	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICAT ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ION THAT WAS MADE TO RESTORE THE IN	STRUMENT TO OPERATE SATISFACTORIL	Y AND WITHIN
INSPECTING OFFICER			
SIGNATURE	PRINT FULL NA		
TYPE II PERMIT NUMBER	EXPIRATION DATE TEI	ALISLAMOVIC LEPHONE NUMBER	
230301	12/11/2025	636-300-2800 	
RETURN COMPLETED REPORT TO THE Breath by ma	h Alcohol Program, Missouri Dep ail, fax, or email	partment of Health and Senior S	Services



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-Dec-2023

Lot # AG335303 **Model** 108

Exp Date 19-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. C	oncentration	RGM Serial No.	Concentration
EB0010581	3:	91.8 ppm	EB0010603	392.5 ppm
EB0010570	2:	59.8 ppm		258.9 ppm
EB0010285	20	09.0 ppm	EB0010562	104.2 ppm
EB0010561	10	03.7 ppm	EB0010579	52.94 ppm
EB0010681	5:	2.22 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 20:20

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07