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

Complete this report at the time of the regula Complete this report whenever the instrumen Retain the original and send a copy within 15	nt is serviced or repaired and w	henever it is place	ed into service.	
TOX DMT SN NAME OF AGENCY 500075 Missouri State Highway Patrol			DATE OF INSPECTION 03/04/2025	
OCATION OF INSTRUMENT (STREET AND CITY) BARTON COUNTY SHERIFF OFFICE			TIME OF INSPECTION 09:31:55	
CHECKLIST: Place a mark in the box by ea values where determined). Unmarked items	ch item if found to be satisfact	ory or is operating	within established limits.	(Write in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME 03/04/2025 09:31:	:58_	DETECTOR		
☑ PROGRAM	×	FILTER 1		
☑ SAMPLE CHAMBER 48.8°C		FILTER 2		
☑ BREATH TUBE 47.9°C		FILTER 3		
□ PUMP		INTERNAL STA	ANDARD	
BREATH ANALYZER ACCURACY STAN	DARDS			
☐ SIMULATOR STANDARD	COMPRESSED ETHANOL-GAS MIXTURE			
STANDARD SUPPLIER INTOXIMET	ERS LOT#_A	G400203	EXP. DATE_	01/02/2026
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN_		SIM. NIST EXP DAT	E
☑ 0.10% STANDARD - MUST RE☐ 0.08% STANDARD - MUST RE☐ 0.04% STANDARD - MUST RE	EAD BETWEEN 0.076% AND	0.084% INCLUS	IVE	
TEST 1: 0.101	TEST 2: 0.101		TEST 3: 0.100	
PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH	TESTS IN THE FOLLOWING	RANGES SINC	E THE LAST MAINTEN	IANCE REPORT:
REFUSALS: 0 004: 1	.0509: 0	.1014: 0	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION C ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	OR MODIFICATION THAT WAS MADE TO R	ESTORE THE INSTRUM	ENT TO OPERATE SATISFACTORIL	Y AND WITHIN
INSPECTING OFFICER		PRINT FULL NAME		
SIGNATURE /		JASON W KF	REHBIEL	
TYPE II PERMIT MUMBER 240046	02/08/2026		NE NUMBER 895-6868	
RETURN COMPLETED REPORT TO T	HE Breath Alcohol Program, by mail, fax, or email	Missouri Departm	nent of Health and Senior	Services
		FIDMATIVE ACTION EM	DLOYER	LA



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 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. 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



MO 580-0771 (6-10)

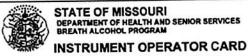
STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT

JASON W. KREHBIEL



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired a in Missouri

Operator KREHBIEL, JASON Permit No 240046

Date Issued 2/8/2024 Date Expires 2/8/2026

