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 o Complete this report whenever th Retain the original and send a col	e instrument is serviced	or repaired and whene	ever it is placed in	eed 35 days). nto service.	
NAME OF AGENCY 500079  NAME OF AGENCY Missouri State Highway Patrol				DATE OF INSPECTION 01/21/2025	
LOCATION OF INSTRUMENT (STREET AND CITY) 65 Business Park Dr., Troy, Missouri 63379				TIME OF INSPECTION 18:42:14	
CHECKLIST: Place a mark in the values where determined). Unmar	e box by each item if fou	nd to be satisfactory or	is operating wit	hin established limits. (	(Write in observed
☑ DIAGNOSTIC RECORD	inca items must be com-	ected before dailing mat	rument.		
DATE AND TIME <u>01/21/20</u>	025 18:42:17		TECTOR		
☑ PROGRAM ☑ FILTER 1					
☑ BREATH TUBE 44.1°C ☑ FILTER 3					
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURA	CY STANDARDS				
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE					
STANDARD SUPPLIER INTOXIMETERS		LOT# <u>AG320501</u>		EXP. DATE <u>07/24/2025</u>	
☐ SIMULATOR TEMP (34°C±0	0.2°C)	SIM. SN		SIM. NIST EXP DATE	
□ 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 standard READ BETWEE MUST READ BETWEE	andard being used. EN 0.095% AND 0.105 EN 0.076% AND 0.084	% INCLUSIVE		
TEST 1: 0.098 TEST 2: 0.097		0.097		TEST 3: 0.097	
PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS: 0 004: 0	.0509:			.1519: 3	OVER .19: 2
LIST ANY NEW PARTS AND DESCRIBE ANY AL ESTABLISHED LIMITS (USE OTHER SIDE IF NE	TERATION OR MODIFICATION TI CESSARY)	HAT WAS MADE TO RESTORE	THE INSTRUMENT TO	OPERATE SATISFACTORILY A	and within
INSPECTING OFFICER SIGNATURE		PRINT FL	JLL NAME		
Type II PERMIT NUMBER JEXPIRA		ANE	L PALISLAMO		
230301	1	PIRATION DATE 12/11/2025	TELEPHONE NUM 636-300-2		-
RETURN COMPLETED REPOR	RT TO THE Breath Alc by mail, fa	cohol Program, Missou x, or email	ri Department of	Health and Senior Se	prvices



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: 26-Jul-2023

Lot # AG320501 Model 108

**Exp Date** 24-Jul-2025

Cyl. Type 108

Component Ethanol

**Certified Concentration** 

0.100 ± 2% BrAC (260 ppm)

Nitrogen

RGM Serial No. EB0010581

Concentration 391.8 ppm

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

259.8 ppm

EB0010285 EB0010561 EB0010681

EB0010570

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.

CC727481 CC727496 Concentration

mag 0.008 253.0 ppm **CRM Serial No.** 

CC727493 CC727498

Concentration

390.0 ppm 150.0 ppm

Analytical Method:

**NDIR** 

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:07.26.2023 12:45

Approved for Release:

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