

By Brian Lutmer at 1:45 pm, Mar 17, 2025



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

#### INTOX DMT MAINTENANCE REPORT

REPORT #1

	85 S V/A		
Complete this report at the time of the regular monthly prever Complete this report whenever the instrument is serviced or r Retain the original and send a copy within 15 days to the Bre	repaired and whenever	r it is placed into service.	
INTOX DMT SN S00080  NAME OF AGENCY Missouri State Highway	DATE OF INSPECTION 02/28/2025		
LOCATION OF INSTRUMENT (STREET AND CITY) 360 Chestnut St. Osceola, MO		TIME OF INSPECTION 18:09:43	
CHECKLIST: Place a mark in the box by each item if found to values where determined). Unmarked items must be corrected	to be satisfactory or is ed before using instrum	operating within established limits. (Write in observed ment.	
☑ DIAGNOSTIC RECORD			
DATE AND TIME <u>02/28/2025 18:09:46</u> ☑ DETECTOR			
☑ PROGRAM ☑ FILTER 1			
☑ SAMPLE CHAMBER 49.1°C ☑ FILTER 2			
☑ BREATH TUBE 43.9°C ☑ FILTER 3			
☑ PUMP ☑ INTERNAL STANDARD			
BREATH ANALYZER ACCURACY STANDARDS			
☐ SIMULATOR STANDARD		PRESSED ETHANOL-GAS MIXTURE	
☑ STANDARD SUPPLIER INTOXIMETERS	LOT# <u>AG33530</u>	03 EXP. DATE 12/19/2025	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DATE	
<ul> <li>□ 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.</li> <li>□ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</li> <li>□ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</li> <li>□ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</li> </ul>			
TEST 1: 0.095 TEST 2: 0.	095	TEST 3: 0.095	
☑ PERFORM R.F.I. TEST			
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:			
REFUSALS: 0 004: 30 .0509: 0	.1014: (	0 .1519: 0 OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	WAS MADE TO RESTORE THE	E INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN	
INSPECTING OFFICER SIGNATURE	PRINT FULL	NAME	
Tpr. Denen Bridge		REN M BRIDGES	
240163 08/	ATION DATE (06/2026	TELEPHONE NUMBER 417-399-5047	
RETURN COMPLETED REPORT TO THE  Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email			





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** 

Cyl. Type

Component

**Certified Concentration** 

19-Dec-2025

108

Ethanol Nitrogen  $0.100 \pm 2\%$  BrAC (260 ppm)

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

**RGM Serial No.** 

Concentration

**RGM Serial No.** 

Concentration

EB0010581

391.8 ppm

EB0010603

EB0010570

259.8 ppm

EB0010559

392.5 ppm 258.9 ppm

EB0010285

209.0 ppm

EB0010562 EB0010579

104.2 ppm 52.94 ppm

EB0010561 EB0010681 103.7 ppm 52.22 ppm

CRM Serial No.

Concentration

**CRM Serial No.** CC727481

Concentration 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:Aírgas USA LLC (Lab) Date:12.21.2023 20:20

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** 

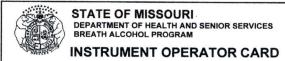


LAB-4 (R6-10)

# **PERMIT** TYPE II

## **DARREN M. BRIDGES**

is hereby authorized to instruct and supervise operators, and operate the following breath analyzer(s):	train instructors, inspect, calibrate, perform field service and repairs
INT	OX DMT
for the determination of the alcoholic content of blood from 577.020 through 577.041, RSMo and 306.111 through 306.	
DATE 8/6/2024	Mile Massini  DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER <b>240163</b>	Daves I. Nichelson
EXPIRES <b>8/6/2026</b> MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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.

BRIDGES, DARREN Permit No 240163

Date Issued 8/6/2024

Date Expires 8/6/2026

