RECEIVED

By Tracy Crews at 7:17 am, Jan 03, 2025



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

THE ONE BILL THE LITTLE TO	= =			
Complete this report at the time of the regular mor Complete this report whenever the instrument is s Retain the original and send a copy within 15 days	erviced or repaired and w	vhenever it is plac		
NAME OF AGENCY. Missouri State Highway Patrol			DATE OF INSPECTION 01/01/2025	
LOCATION OF INSTRUMENT (STREET AND CITY) 17201 Paradesian Street, Smithville, Mo., 64089			TIME OF INSPECTION 08:42:13	
CHECKLIST: Place a mark in the box by each ite values where determined). Unmarked items must	em if found to be satisfact be corrected before usin	ory or is operatin g instrument.	g within established limits.	(Write in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME 01/01/2025 08:42:15	×	DETECTOR		
☑ PROGRAM		FILTER 1		
☑ SAMPLE CHAMBER 48.8°C ☑ FILTER 2				
☑ BREATH TUBE 39.3°C		FILTER 3		
□ PUMP		INTERNAL ST	ANDARD	
BREATH ANALYZER ACCURACY STANDAR	DS			
☐ SIMULATOR STANDARD		COMPRESSE	D ETHANOL-GAS MIXT	JRE
STANDARD SUPPLIER INTOXIMETERS	LOT#_	\G400203	EXP. DATE	01/02/2026
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	*	SIM. NIST EXP DAT	E
□ CALIBRATION CHECK - (ONLY ONE STAR Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding □ 0.10% STANDARD - MUST READ □ 0.08% STANDARD - MUST READ □ 0.04% STANDARD - MUST	to the standard being use BETWEEN 0.095% AND BETWEEN 0.076% AND	ed. 0.105% INCLUS 0.084% INCLUS	BIVE	ad
TEST 1: 0,099	TEST 2: 0.099		TEST 3: 0.100	
☑ PERFORM R.F.I. TEST			1	
INDICATE THE NUMBER OF BREATH TEST	S IN THE FOLLOWING	RANGES SING	CE THE LAST MAINTEN	IANCE REPORT:
REFUSALS: 0 004: 0	.0509: 0	.1014: 0	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODI ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) January 2025 maintenance	FICATION THAT WAS MADE TO R	ESTORE THE INSTRUM	ENT TO OPERATE SATISFACTORIL	Y AND WITHIN
INSPECTING OFFICER SIGNATURE MSATCOTOLOGICAL TYPE II PERMIT NUMBER	EXPIRATION DATE		NE NÜMBER	
	08/08/2025 Breath Alcohol Program, loy mail, fax, or email		622-0800 nent of Health and Senior	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: 4-Jan-2024

Lot # AG400203 Model 108

Exp Date 2-Jan-2026 Cyl. Type

Component

Certified Concentration

108

Ethanol Nitrogen 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.

Concentration 799.4 ppm

CRM Serial No. ...

Concentration

CC727481 CC727496

253.4 ppm

CC727493 CC727498 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