

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 mo Complete this report whenever the instrument is s Retain the original and send a copy within 15 day	serviced or repaired and	whenever it is placed i					
LOCATION OF INSTRUMENT (STREET AND CITY) 2920 N. Shamrock Rd, Jefferson City			TIME OF INSPECTION 13:05:42				
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.							
☑ DIAGNOSTIC RECORD							
DATE AND TIME 03/12/2025 13:05:45	E	☑ DETECTOR					
☑ PROGRAM	☑ PROGRAM ☑ FILTER 1						
☑ SAMPLE CHAMBER 48.8°C	SAMPLE CHAMBER 48.8°C						
☐ BREATH TUBE 47.2°C		☑ FILTER 3					
☑ PUMP ☑ INTERNAL STANDARD							
BREATH ANALYZER ACCURACY STANDAR	DS						
☐ SIMULATOR STANDARD	ULATOR 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 DATE_				
 □ 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. □ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE □ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE 							
TEST 1: 0.099	TEST 2: 0.098		TEST 3: 0.098				
☑ 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: 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) Double check valve connections secured INSPECTING OFFICER	FICATION THAT WAS MADE TO R	ESTORE THE INSTRUMENT TO	O OPERATE SATISFACTORILY AND	WÎTHIN			
SIGNATURE ()		PRINT FULL NAME					
		JIMMY L CLEVEL					
TYPE II PERMIT HUMBER 230082	05/03/2025	573-751-					
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

0.100 ± 2% BrAC (260 ppm)

19-Dec-2025

108

Ethanol Nitrogen

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	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		8.0

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	799.4 ppm	CC727493 CC727498	389.8 ppm 150.2 ppm
CC727496	253.4 ppm	CC121430	130.2 ppiii

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

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



PERMIT TYPE II

JIMMY L. CLEVELAND

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of £ 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 5/3/2023

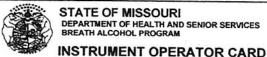
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230082

EXPIRES 5/3/2025

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)



The named cardholder is authorized to operate an evidential breath alcohol

instrument for the determination of the alcoholic content in breath form of expired ai in Missouri.

Operator CLEVELAND, JIMMY

Permit No 230082

Date Issued 5/3/2023 Date Expires 5/3/2025

