

By Tracy Crews at 11:30 am, Mar 12, 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 regular monthly Complete this report whenever the instrument is servic Retain the original and send a copy within 15 days to the complete this report whenever the instrument is service.	ed or repaired and whenever it	is placed into service.		
NAME OF AGENCY 500135 NAME OF AGENCY Missouri State Highway Patrol		DATE OF INSPECTION 02/28/2025		
LOCATION OF INSTRUMENT (STREET AND CITY) 891 Technology Dr., Weldon Spring, MO (Troop C HQ)		TIME OF INSPECTION 12:43:47		
CHECKLIST: Place a mark in the box by each item if the values where determined). Unmarked items must be considered in the constant of the cons	found to be satisfactory or is of orrected before using instruments	perating within established limits nt.	s. (Write in observed	
☑ DIAGNOSTIC RECORD				
DATE AND TIME 02/28/2025 12:43:50	☑ DETEC	TOR		
☑ PROGRAM ☑ FILTER 1				
☑ SAMPLE CHAMBER 48.8°C ☑ FILTER 2				
☑ BREATH TUBE 48.1°C ☑ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE				
☑ STANDARD SUPPLIER INTOXIMETERS	LOT#_AG320502	EXP. DATE	07/24/2025	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DA	TE	
□ CALIBRATION CHECK - (ONLY ONE STANDAR Run three tests using a standard. All three tests m of .005 or less. Mark the box corresponding to the □ 0.10% STANDARD - MUST READ BETV □ 0.08% STANDARD - MUST READ BETV □ 0.04% STANDARD - MUST READ BETV	e standard being used. VEEN 0.095% AND 0.105% II VEEN 0.076% AND 0.084% II	ICLUSIVE ICLUSIVE	au	
TEST 1: 0.098 TES	TEST 2: 0.097		TEST 3: 0.097	
☑ PERFORM R.F.I. TEST		- L		
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWING RANGES	SINCE THE LAST MAINTER	NANCE REPORT:	
To the second se	09: 0 .1014: 3	.1519: 2	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATI ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ON THAT WAS MADE TO RESTORE THE	NSTRUMENT TO OPERATE SATISFACTORII	LY AND WITHIN	
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER	PRINT FULL N CLAY F EXPIRATION DATE			
240025	01/26/2026	636-300-2800		
	n Alcohol Program, Missouri D iil, fax, or email	epartment 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: 1-Aug-2023

Lot # AG320502 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

24-Jul-2025

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 Concentration RGM Serial No. 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

CRM Serial No. CC727481

Concentration 800.0 ppm

CRM Serial No.

Concentration 390.0 ppm

CC727496

253.0 ppm

CC727493 CC727498

150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control Reason:Dry gas standard certification of analysis Location:Argas USA LLC (Lab) Date:08.10.2023 09:48

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

CLAY KNOX

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

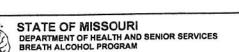
ALCO-SENSOR IV WITH PRINTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections

DATE 1/26/2024 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

EXPIRES 1/26/2026 DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES

MO 580-0771 (6-10)



INSTRUMENT OPERATOR CARD

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

Operator KNOX, CLAY Permit No 240025

Date Issued 1/26/2024 Date Expires 1/26/2026

