

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

INTOX DMT MAINTENANCE REPORT

REPORT #1

THE TOTAL DIVITION DIVITION	- IVEL OIKT					
Complete this report at the time of the regular mor Complete this report whenever the instrument is so Retain the original and send a copy within 15 days	erviced or repaired and v	whenever it is place				
NAME OF AGENCY 500135 NAME OF AGENCY Missouri State Highway Patrol			03/30/2025			
LOCATION OF INSTRUMENT (STREET AND CITY) 891 Technology Dr., Weldon Spring, MO (Troop C HQ)			TIME OF INSPECTION 02:39:39			
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 <u>03/30/2025 02:39:42</u> ☑ DETECTOR						
☑ PROGRAM ☑ FILTER 1						
☑ SAMPLE CHAMBER 48.8°C	🗵	FILTER 2				
☑ BREATH TUBE 46.3°C	D	FILTER 3				
□ PUMP		INTERNAL STA	NDARD			
BREATH ANALYZER ACCURACY STANDARI	os					
☐ 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 DATE			
□ CALIBRATION CHECK - (ONLY ONE STAR Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to 0.10% STANDARD - MUST READ B □ 0.08% STANDARD - MUST READ B □ 0.04% STANDARD - MUST READ B	ots must be within ±5% of the standard being us SETWEEN 0.095% AND SETWEEN 0.076% AND	r the standard valued. 0.105% INCLUSI 0.084% INCLUSI	e and must have a spread /E /E			
TEST 1: 0.098	TEST 2: 0.097		TEST 3: 0.097			
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TESTS	S IN THE FOLLOWING	RANGES SINCE	THE LAST MAINTENA	ANCE REPORT:		
	.0509: 1	.1014: 0	.1519: 2	OVER .19: 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIF ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)		Search comment of the Figure	IT TO OPERATE SATISFACTORILY	AND WITHIN		
INSPECTING OFFICER						
SIGNATURE		PRINT FULL NAME				
TYPE II PERMIT NUMBER	EXPIRATION DATE	CLAY R KNOX	NUMBER			
240025	01/26/2026	636-30	00-2800			
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email						
MO 580.2898 /5.19\	AN FOLIAL OPPORTUNITY/AFF	IDMATINE ACTION EMDL	OVED	LAB-166		



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	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		

CRM Serial No. CC727481

CC727496

Concentration 800.0 ppm 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: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



PERMIT TYPE II

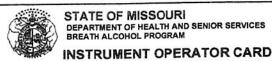
CLAY KNOX

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 ex	pired air. Permit issued under the provisions of sections
577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.	Mile Mason
DATE1/26/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240025	Daves I. nichelson
EXPIRES 1/26/2026 DIR	ECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB 4 (R6-10)

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 ail in Missouri

Operator KNOX, CLAY Permit No 240025

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

