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

INTOX DMT MAI	INTENANCE REPORT					
Complete this report at the time of t Complete this report whenever the Retain the original and send a copy	instrument is serviced or repa	aired and whenev	er it is placed into	ed 35 days). o service.		
	NAME OF AGENCY Missouri State Highway Patrol			01/02/2025		
LOCATION OF INSTRUMENT (STREET AND CITY) 301 N. Second Street, St. Charles			TIME OF INSPECTION 10:14:52			
CHECKLIST: Place a mark in the values where determined). Unmark	box by each item if found to b	e satisfactory or i	s operating withi	n established limits. (Write	e in observed	
☑ DIAGNOSTIC RECORD						
DATE AND TIME01/02/2025 10:14:56   DETECTOR						
☑ PROGRAM	☑ FILTER 1					
☐ SAMPLE CHAMBER 48.	MBER 48.7°C					
☑ BREATH TUBE 48.1°C						
☑ PUMP	☐ INTERNAL STANDARD					
BREATH ANALYZER ACCURAC	CY STANDARDS					
☐ SIMULATOR STANDARD	)	☑ CON	IPRESSED ETH	HANOL-GAS MIXTURE		
STANDARD SUPPLIER INTO	OXIMETERS	LOT# AG335	303	EXP. DATE 12/1	9/2025	
☐ SIMULATOR TEMP (34°C ± 0	0.2°C)	SIM. SN	s	SIM. NIST EXP DATE		
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: 0.100	TEST 2: 0.099	9		TEST 3: 0.100		
PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BE	REATH TESTS IN THE FOL	LOWING RANG	SES SINCE TH	E LAST MAINTENANCE	E REPORT:	
REFUSALS: 2 004: 1	.0509: 1	.1014	: 8	.1519: 2	OVER .19: 4	
LIST ANY NEW PARTS AND DESCRIBE ANY AL' ESTABLISHED LIMITS (USE OTHER SIDE IF NEC	TERATION OR MODIFICATION THAT WAS	S MADE TO RESTORE 1	HE INSTRUMENT TO (	DPERATE SATISFACTORILY AND W	viтніN	
INSPECTING OFFICER						
SIGNATURE () LING MAX			Y R KNOX			
TYPE II PERMIT NUMBER 240025	EXPIRATIO 01/26/		636-300-2			
RETURN COMPLETED REPOR	Breath Alcohol F by mail, fax, or e		i Department of	Health and Senior Service	es	



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** 19-Dec-2025 Cyl. Type 108

Component

**Certified Concentration** 

Ethanol

0.100 ± 2% BrAC (260 ppm)

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	€ ¥	

Concentration

CRM Serial No.

Concentration

CC727481

CRM Serial No.

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: 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

# **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):

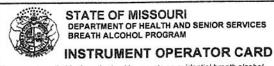
## ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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

	through 577.041, RSMo and 306.111 through 306.119 RSMo	Mike Masson
DATE	1/26/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	240025	Davla I. nichelson
EXPIRES	1/26/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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

Operator KNOX, CLAY

Permit No 240025

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

