

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 r Complete this report whenever the instrument in Retain the original and send a copy within 15 d	is serviced or repaired and whenev	er it is placed into se	5 days). rvice.			
INTOX DMT SN NAME OF AGENCY	NAME OF AGENCY Missouri State Highway Patrol			DATE OF INSPECTION 02/22/2025		
LOCATION OF INSTRUMENT (STREET AND CITY) 301 N. Second Street, St. Charles			TIME OF INSPECTION 07:27:25			
CHECKLIST: Place a mark in the box by each values where determined). Unmarked items mu	n item if found to be satisfactory or item if found to be satisfactory or it	s operating within es ument.	tablished limits. (Write	in observed		
☑ DIAGNOSTIC RECORD						
DATE AND TIME <u>02/22/2025 07:27:28</u>	8 ☑ DET	ECTOR				
☑ PROGRAM	ER 1					
☑ SAMPLE CHAMBER 48.8°C ☑ FILTER 2						
☑ BREATH TUBE 43.9°C	_ 🛛 FILT	ER 3				
☑ PUMP	INTE	RNAL STANDARD				
BREATH ANALYZER ACCURACY STANDA	ARDS					
☐ SIMULATOR STANDARD	⊠ COM	PRESSED ETHAN	OL-GAS MIXTURE			
STANDARD SUPPLIER INTOXIMETER	RS LOT# AG335	303	EXP. DATE 12/19	/2025		
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. I	NIST EXP DATE			
<ul> <li>         □ CALIBRATION CHECK - (ONLY ONE S Run three tests using a standard. All three of .005 or less. Mark the box correspondir</li> <li>         □ 0.10% STANDARD - MUST REAL</li> <li>         □ 0.08% STANDARD - MUST REAL</li> <li>         □ 0.04% STANDARD - MUST REAL</li> </ul>	ng to the standard being used. D BETWEEN 0.095% AND 0.1059 D BETWEEN 0.076% AND 0.0849	% INCLUSIVE % INCLUSIVE	st nave a spread			
TEST 1: 0.099	TEST 2: 0.099	TE	ST 3: 0.099			
☑ PERFORM R.F.I. TEST	•					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS: 0 004: 2	.0509: 3	: 1 .15	19: 0	OVER .19: 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MI ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ODIFICATION THAT WAS MADE TO RESTORE T	HE INSTRUMENT TO OPERA	TE SATISFACTORILY AND WIT	THIN		
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER	PRINT FUI CLAY	LL NAME Y R KNOX				
240025	01/26/2026	636-300-2800				
RETURN COMPLETED REPORT TO THE	Breath Alcohol Program, Missouri	Department of Healt	h and Senior Services	3		



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** 

19-Dec-2025

108

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	·	

CRM Serial No.

Concentration

CRM Serial No.

Concentration

CC727481

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):

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

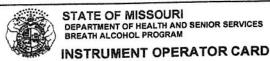
## ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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)

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 ai in Missouri.

Operator

KNOX, CLAY

Permit No 240025

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

