

**RECEIVED**

By Tracy Crews at 10:45 am, Mar 27, 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 preventive maintenance check (not to exceed 35 days).  
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

|   |  |   |
|---|--|---|
| INTOX DMT SN<br><b>500140</b>   | NAME OF AGENCY<br><b>Missouri State Highway Patrol</b> | DATE OF INSPECTION<br><b>03/25/2025</b> |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><b>400 West St. Joseph St, Perryville Mo, 63775</b> |  | TIME OF INSPECTION<br><b>09:42:41</b>   |

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.

|  |   |
|--|---|
| <input checked="" type="checkbox"/> <b>DIAGNOSTIC RECORD</b>     |   |
| DATE AND TIME <u>03/25/2025 09:42:44</u>                         | <input checked="" type="checkbox"/> DETECTOR          |
| <input checked="" type="checkbox"/> PROGRAM                      | <input checked="" type="checkbox"/> FILTER 1          |
| <input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°C</u> | <input checked="" type="checkbox"/> FILTER 2          |
| <input checked="" type="checkbox"/> BREATH TUBE <u>46.9°C</u>    | <input checked="" type="checkbox"/> FILTER 3          |
| <input checked="" type="checkbox"/> PUMP                         | <input checked="" type="checkbox"/> INTERNAL STANDARD |

|   |  |
|---|--|
| <b>BREATH ANALYZER ACCURACY STANDARDS</b>   |  |
| <input type="checkbox"/> SIMULATOR STANDARD | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |

|   |                       |                             |
|---|-----------------------|-----------------------------|
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u> | LOT # <u>AG335303</u> | EXP. DATE <u>12/19/2025</u> |
| <input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____              | SIM. SN _____         | SIM. NIST EXP DATE _____    |

|  |  |
|--|--|
| <input checked="" type="checkbox"/> <b>CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b><br>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. |  |
| <input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE   |  |
| <input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE  |  |
| <input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE  |  |

|               |               |               |
|---------------|---------------|---------------|
| TEST 1: 0.099 | TEST 2: 0.099 | TEST 3: 0.099 |
|---------------|---------------|---------------|

|  |
|--|
| <input checked="" type="checkbox"/> <b>PERFORM R.F.I. TEST</b> |
|--|

|   |          |            |            |            |             |
|---|----------|------------|------------|------------|-------------|
| <b>INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:</b> |          |            |            |            |             |
| REFUSALS: 0   | 0-.04: 0 | .05-.09: 0 | .10-.14: 0 | .15-.19: 0 | OVER .19: 1 |

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)

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|  |  |   |  |
|--|--|---|--|
| <b>INSPECTING OFFICER</b>              |  |   |  |
| SIGNATURE<br>                          | PRINT FULL NAME<br><b>JAKE R STOMBAUGH</b> |   |  |
| TYPE II PERMIT NUMBER<br><b>240168</b> | EXPIRATION DATE<br><b>08/06/2026</b>       | TELEPHONE NUMBER<br><b>636-300-2800</b> |  |

RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email

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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<br>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. | 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

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**PERMIT**  
**TYPE II**  
**JAKE STOMBAUGH**

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

**INTOX DMT**

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

DATE 8/6/2024

NUMBER 240168

EXPIRES 8/6/2026

MO 580.0771 (6-10)

*Mike Massum*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Dave F. Nickelson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

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

**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 air in Missouri.*

**Operator** STOMBAUGH, JAKE  
**Permit No** 240168  
**Date Issued** 8/6/2024 **Date Expires** 8/6/2026

