By Tracy Crews at 8:04 am, Apr 01, 2025



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

Die	eath Alcohol Program, Missou mail, fax, or email	ri Department of Health and S	Senior Services			
240025 RETURN COMPLETED REPORT TO THE Bro	01/26/2026	636-300-2800				
TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER				
SIGNATURE		ULL NAME XY R KNOX				
INSPECTING OFFICER						
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	CATION THAT WAS MADE TO RESTORE	THE INSTRUMENT TO OPERATE SATISF	ACTORILY AND WITHIN			
REFUSALS: 1 004: 0 .0	0509: 1 .101	4: 1 .1519: 2	OVER .19: 1			
INDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWING RAN	GES SINCE THE LAST MA	INTENANCE REPORT:			
☑ PERFORM R.F.I. TEST						
TEST 1: 0.097	TEST 2: 0.097		TEST 3: 0.097			
☐ 0.04% STANDARD - MUST READ BE	ETWEEN 0.038% AND 0.042	% INCLUSIVE				
of .005 or less. Mark the box corresponding to 0.10% STANDARD - MUST READ BE 0.08% STANDARD - MUST READ BE	the standard being used. ETWEEN 0.095% AND 0.105	5% INCLUSIVE	a spread			
☐ CALIBRATION CHECK - (ONLY ONE STAN Run three tests using a standard. All three tests	DARD IS TO BE USED PE	R MAINTENANCE REPORT	Г)			
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EX	SIM. NIST EXP DATE			
STANDARD SUPPLIER INTOXIMETERS	LOT# AG33	5303 EXP. [EXP. DATE 12/19/2025			
☐ SIMULATOR STANDARD		MPRESSED ETHANOL-GAS	MIXTURE			
BREATH ANALYZER ACCURACY STANDARD		ERRAL OTANDARD				
☑ PUMP ☑ INTERNAL STANDARD						
☑ BREATH TUBE 45.0°C						
☑ SAMPLE CHAMBER 48.7°C						
☑ PROGRAM						
DATE AND TIME 03/30/2025 02:01:52		TECTOR				
values where determined). Unmarked items must b DIAGNOSTIC RECORD	e corrected before using inst	rument.				
CHECKLIST: Place a mark in the box by each item	n if found to be satisfactory or	is operating within established	d limits. (Write in observed			
LOCATION OF INSTRUMENT (STREET AND CITY) 580 N Service RD, St. Peters (Zone Office)		TIME OF INSPE 02:01:48				
500142 NAME OF AGENCY Missouri State	Highway Patrol	03/30/20				
Retain the original and send a copy within 15 days		m, DHSS.				
Complete this report at the time of the regular mont Complete this report whenever the instrument is set	: 18 2 ()	10 10 10 10 10 10 10 10 10 10 10 10 10 1				
	- 10. 14 to 10.00 and 10.0					



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 Ethanol

Certified Concentration 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 799.4 ppm

CRM Serial No.

Concentration

CC727481 CC727496

253.4 ppm

CC727493 CC727498

389.8 ppm 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

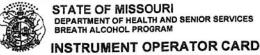
DATE 1/26/2024 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 240025

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 al in Missouri.

Operator KNOX, CLAY Permit No 240025

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

