

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM By Brian Lutmer at 10:06 am, Mar 05, 2025

#### INTOX DMT MAINTENANCE REPORT

REPORT #1

	KEI OKI I
Complete this report at the time of the regular monthly preventive maintenance check (not to exceed Complete this report whenever the instrument is serviced or repaired and whenever it is placed into a Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.	d 35 days). service.
Missouri State Highway Patrol	03/04/2025
LOCATION OF INSTRUMENT (STREET AND CITY)  104 W. Main St., Warrenton 63383	IME OF INSPECTION 07:23:55
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within values where determined). Unmarked items must be corrected before using instrument.	established limits. (Write in observed
☑ DIAGNOSTIC RECORD	
DATE AND TIME <u>03/04/2025 07:23:58</u> ☑ DETECTOR	
☑ PROGRAM ☑ FILTER 1	
☐ SAMPLE CHAMBER 48.7°C ☐ FILTER 2	
☐ BREATH TUBE 48.1°C ☐ FILTER 3	
☑ PUMP ☑ INTERNAL STANDAR	0
BREATH ANALYZER ACCURACY STANDARDS	
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHAI	NOL-GAS MIXTURE
☑ STANDARD SUPPLIER INTOXIMETERS LOT # AG320501	EXP. DATE <u>07/24/2025</u>
	NIST EXP DATE
<ul> <li>☑ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE Run three tests using a standard. All three tests must be within ±5% of the standard value and m of .005 or less. Mark the box corresponding to the standard being used.</li> <li>☑ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</li> <li>☐ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</li> <li>☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</li> </ul>	nast nave a spreau
TEST 1: 0.098 TEST 2: 0.098	EST 3: 0.098
☑ PERFORM R.F.I. TEST	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE L	AST MAINTENANCE REPORT
REFUSALS: 0 004: 40 .0509: 0 .1014: 0 .1	519: 0 OVER 19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPER ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	RATE SATISFACTORILY AND WITHIN
NSPECTING OFFICER	
SAT AD G- PRINT FULL NAME ANDREW D GADBER	RY
230295   EXPIRATION DATE   TELEPHONE NUMBER   12/11/2025   636-300-2800	
RETURN COMPLETED REPORT TO THE  Breath Alcohol Program, Missouri Department of Hea by mail, fax, or email	



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: 26-Jul-2023

Lot # AG320501 Model 108

Exp Date 24-Jul-2025

Cyl. Type

Component Ethanol

Certified Concentration

ul-2025 108 E

Nitrogen

0.100 ± 2% BrAC (260 ppm)

### Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

Concentration

RGM Serial No. EB0010581 EB0010570 EB0010285 ER0010561	581 391.8 ppm 570 259.8 ppm 285 209.0 ppm	RGM Serial No. EB0010603 EB0010559 EB0010562	Concentration 392.5 ppm 258.9 ppm 104.2 ppm
EB0010561 209.0 ppm EB0010661 103.7 ppm EB0010681 52.22 ppm	103.7 ppm	EB0010562 EB0010579	104.2 ppm 52.94 ppm

CRM Serial No. CC727481

800.0 ppm 253.0 ppm CRM Serial No. CC727493

CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

CC727496

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:07.26.2023 12:45

Approved for Release:

Rod Marsala

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

## ANDREW D. GADBERRY

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. Mike Massur DATE \_\_\_\_12/11/2023 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 230295 Davla J. Nichelson

MO 580-0771 (6-10)

EXPIRES 12/11/2025

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

Operator GADBERRY, ANDREW

Permit No 230295

Date Issued 12/11/2023 Date Expires 12/11/2025

