RECEIVED

By Tracy Crews at 1:13 pm, Mar 28, 2025



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

THE ON BILL INVALLED WITH	TIEL OILL			
Complete this report at the time of the regular month Complete this report whenever the instrument is ser Retain the original and send a copy within 15 days t	viced or repaired and wheneve	r it is placed into service.		
INTOX DMT SN S00160 NAME OF AGENCY Missouri State H	DATE OF INSPECTION 03/17/2025			
LOCATION OF INSTRUMENT (STREET AND CITY) 610 N. Main St. Trenton		TIME OF INSPECTION 19:30:31		
CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be	if found to be satisfactory or is corrected before using instru	operating within established limits.	. (Write in observed	
☑ DIAGNOSTIC RECORD				
DATE AND TIME 03/17/2025 19:30:34	☑ DETE	CTOR		
☑ PROGRAM		R 1		
☑ SAMPLE CHAMBER 48.7°C	_ 🛛 FILTE	R 2		
☑ BREATH TUBE 48.0°C ☑ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS	S			
☐ SIMULATOR STANDARD	☑ COM	PRESSED ETHANOL-GAS MIXTU	URE	
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#_AG3353	03 EXP. DATE	12/19/2025	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DAT	ГЕ	
 □ CALIBRATION CHECK - (ONLY ONE STAN) Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to □ 0.10% STANDARD - MUST READ BE □ 0.08% STANDARD - MUST READ BE □ 0.04% STANDARD - MUST READ BE 	the standard being used. TWEEN 0.095% AND 0.105% TWEEN 0.076% AND 0.084%	INCLUSIVE	ад	
TEST 1: 0.099	EST 2: 0.099	TEST 3: 0.099		
□ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS	IN THE FOLLOWING RANG	ES SINCE THE LAST MAINTEN	IANCE REPORT:	
REFUSALS: 0 004: 0 .0:	509: 0 .1014:	0 .1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ATION THAT WAS MADE TO RESTORE TH	E INSTRUMENT TO OPERATE SATISFACTORIL'	Y AND WITHIN	
INSPECTING OFFICER				
SIGNATURE		PRINT FULL NAME JAMES C ACREE		
TYPE II PERMIT NUMBER 1240102	EXPIRATION DATE 05/13/2026	TELEPHONE NUMBER 816-387-2345		
RETURN COMPLETED REPORT TO THE Bree by r	ath Alcohol Program, Missouri mail, fax, or email	L Department of Health and Senior S	Services	



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 \$upplier 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

 $0.100 \pm 2\%$ BrAC (260 ppm)

Nitrogen

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

RGM Serial No.

EB0010581

EB0010570

EB0010285 EB0010561

EB0010681

Concentration

391.8 ppm

259.8 ppm 209.0 ppm

103.7 ppm

52.22 ppm

RGM Serial No.

EB0010603

EB0010559 EB0010562

EB0010579

Concentration

392.5 ppm

258.9 ppm 104.2 ppm

52.94 ppm

CRM Serial No.

CC727481

CC727496

Concentration

799.4 ppm

253.4 ppm

CRM Serial No.

CC727493

Concentration

389.8 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 JAMES C. ACREE

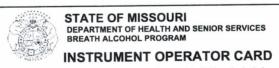
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX DMT

for the de	termination of the alcoholic content of blood from a sample o through 577.041, RSMo and 306.111 through 306.119 RSMo	f expired air. Permit issued under the provisions of sections
377.020	iniough of 7.041, Nowo and obs. The analysis of the	Mike Massur
DATE	5/13/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	240102	Davla J. Nichelson
EXPIRES	5/13/2026	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 ACREE, JAMES Permit No 240102

