



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 # <b>500176</b>	NAME OF AGENCY <b>Missouri State Highway Patrol</b>	DATE OF INSPECTION <b>01/09/2025</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>Crawford County Sheriff's Department</b>		TIME OF INSPECTION <b>22:08:29</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

**DIAGNOSTIC RECORD**

DATE AND TIME <u>01/09/2025 22:08:32</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>45.6°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

**BREATH ANALYZER ACCURACY STANDARDS**

SIMULATOR STANDARD  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS LOT # AG335303 EXP. DATE 12/19/2025

SIMULATOR TEMP (34°C ± 0.2°C) \_\_\_\_\_ SIM. SN \_\_\_\_\_ SIM. NIST EXP DATE \_\_\_\_\_

**CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)**  
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.

0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE

0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 0.098 TEST 2 0.096 TEST 3 0.098

**PERFORM RFI TEST**

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS <u>0</u>	<u>0-04</u> 5	<u>05-09</u> 0	<u>10-14</u> 1	<u>15-19</u> 0	<u>OVER 19</u> 0
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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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**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME <b>JEREMY R MCCURDY</b>
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TYPE PERMIT NUMBER <b>240238</b>	EXPIRATION DATE <b>11/18/2026</b>	TELEPHONE NUMBER <b>573-368-2345</b>
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RETURN COMPLETED REPORT TO THE **Breath Alcohol Program, Missouri Department of Health and Senior Services**  
by mail, fax, or email

*Tracy*



Airgas USA, LLC (LAB)  
 3500 Benton Street  
 St. Louis, Mo. 63103  
 Ph: (314) 33-3100  
 Fax: (314) 33-7328

### Certificate of Analysis

Customer Name  
 Exclusive Supplier  
 Intoximeters, Inc.  
 2081 Craig Road  
 St. Louis, Mo. 63146

Test Date: Dec-2023

Lot # AG335303 Model 108

Exp Date  
 19-Dec-2025

Cyl. Type  
 108

Component  
 Ethanol  
 Nitrogen

Certified Concentration  
 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
EB0010581	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727491	789.4 ppm	CC727493	389.6 ppm
CC727496	253.4 ppm	CC727498	150.2 ppm

Analytical Method NDIR

Quality Control by Quality Control  
 Reason: Dry Gas Standard Certification of Analysis  
 Location: Airgas USA, LLC (Lab)  
 Date: 12/21/2023

Approved for Release: \_\_\_\_\_  
 Yusel 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**  
**JEREMY R. MCCURDY**

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 11/18/2024

*Adam Hill*

DIRECTOR, STATE PUBLIC HEALTH LABORATORY

NUMBER 240238

*Dave J. Nielson*

EXPIRES 11/18/2026

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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LAB-4 (R5-13)

 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 MCCURDY, JEREMY  
 Permit No 240238  
 Date Issued 11/18/2024 Date Expires 11/18/2026

