By Tracy Crews at 6:52 pm, Feb 20, 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 a Complete this report whenever the Retain the original and send a copy	instrument is serviced or re	epaired and wh	enever it is placed in	eed 35 days). ito service.		
LOCATION OF INSTRUMENT (STREET AND CITY) 780 West Highway 28, Owensville, Missouri				TIME OF INSPECTION 23:05:06		
CHECKLIST: Place a mark in the values where determined). Unmark	box by each item if found to	to be satisfactor	y or is operating with	nin established limits. (Write	e in observed	
☑ DIAGNOSTIC RECORD						
DATE AND TIME 02/09/2025 23:05:08						
☑ PROGRAM			☑ FILTER 1			
☑ SAMPLE CHAMBER 48.8°C ☑ FILTER 2						
☐ BREATH TUBE 47.4°C ☐ FILTER 3						
☑ PUMP			INTERNAL STAND	ARD		
BREATH ANALYZER ACCURACY STANDARDS						
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE						
STANDARD SUPPLIER AIRC	GAS	LOT#_AG	335001	EXP. DATE 12/10	6/2025	
☐ SIMULATOR TEMP (34°C ± 0.	.2°C)	SIM. SN		SIM. NIST EXP DATE		
□ CALIBRATION CHECK - (ON Run three tests using a standa of .005 or less. Mark the box of .010% STANDARD - N □ 0.08% STANDARD - N □ 0.04% STANDARD - N	corresponding to the stand MUST READ BETWEEN (MUST READ BETWEEN (ard being used. 0.095% AND 0. 0.076% AND 0.	105% INCLUSIVE 084% INCLUSIVE	d must have a spread		
TEST 1: 0.099	TEST 1: 0.099 TEST 2: 0.099		TEST 3: 0.099			
PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BR	REATH TESTS IN THE F	OLLOWING R	ANGES SINCE TH	IE LAST MAINTENANCE	REPORT:	
REFUSALS: 0 004: 0	.0509: 1	.10)14: 0	.1519: 1	OVER .19: 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALT ESTABLISHED LIMITS (USE OTHER SIDE IF NEC TIME UPDATED	ERATION OR MODIFICATION THAT VESSARY)	WAS MADE TO REST	ORE THE INSTRUMENT TO	OPERATE SATISFACTORILY AND W	TTHIN	
INSPECTING OFFICER						
SIGNATURE TECHTOR			NT FULL NAME NDREW J OBRIE	EN		
TYPE II PERMIT NUMBER 230080	04/2	TION DATE 27/2025	573-751-1			
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services 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: 18-Dec-2023

Lot # AG335001 Model 108

Exp Date 16-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
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 cortification of analysis Location:Airgas USA LLC (Lab) Date:12.21.2023 19:57

Approved for Release:

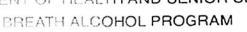
Yusef Woods

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





PERMIT TYPE II

ANDREW J. O'BRIEN

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, RSMe and 306 111 through 306,119 RSMo. Mile Mison

DATE

4/27/2023

NUMBER 230080

EXPIRES 4/27/2025

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DIRECTOR OF STATE PUBLIC HEALT I LABORATORY

Daves I. nichelson DIRECTOR OF DEPARTMENT OF HEALT LAND SENIOR SERVICES

STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES INSTRUMENT OPERATOR CARD est et aperate an el dentral breath alsotral. genger, Atomore Permit No Date Expires 4/27/2025