### **RECEIVED**

By Tracy Crews at 2:30 pm, Mar 12, 2025



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

#### INTOX DMT MAINTENANCE REPORT

REPORT #1

INTOX DMT N	MAINTENANCE REPOR	I			KEFORT#1
Complete this report at the time Complete this report whenever t Retain the original and send a c	the instrument is serviced or rep	paired and whenever	it is placed in		
NAME OF AGENCY 500189 NAME OF AGENCY Missouri State Highway Patrol			03/10/2025		
LOCATION OF INSTRUMENT (STREET AND Andrew County Sheriff's Of			TIME OF INSPECTION 06:25:48		
CHECKLIST: Place a mark in t values where determined). Unm	he box by each item if found to arked items must be corrected	be satisfactory or is before using instrum	operating with nent.	nin established limits. (V	Vrite in observed
☑ DIAGNOSTIC RECORD					
DATE AND TIME 03/10/2	2025 06:25:51	□ DETE	CTOR		
☑ PROGRAM			₹ 1		
☐ SAMPLE CHAMBER_4	48.8°C		R 2		
☑ BREATH TUBE 45.4°	С		R 3		
☑ PUMP		INTER	NAL STAND	ARD	
BREATH ANALYZER ACCUR	RACY STANDARDS				
☐ SIMULATOR STANDA	RD	□ COMF	RESSED ET	HANOL-GAS MIXTUR	Æ
STANDARD SUPPLIER IN	NTOXIMETERS	LOT#_AG3205	01	EXP. DATE 0	7/24/2025
☐ SIMULATOR TEMP (34°C:	± 0.2°C)	SIM. SN		SIM. NIST EXP DATE	
of .005 or less. Mark the bo  ☑ 0.10% STANDARD  ☐ 0.08% STANDARD	ndard. All three tests must be with control of the standard of	ithin ±5% of the stan rd being used. 095% AND 0.105% 076% AND 0.084%	dard value ar INCLUSIVE INCLUSIVE	nd must have a spread	
TEST 1: 0.097	TEST 2: 0.09	96		TEST 3: 0.097	
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF	BREATH TESTS IN THE FO	LLOWING RANGE	ES SINCE TH	HE LAST MAINTENAN	NCE REPORT:
REFUSALS: 1 004:	1 .0509: 0	.1014:	0	.1519: 2	OVER .19: 1
LIST ANY NEW PARTS AND DESCRIBE AN' ESTABLISHED LIMITS (USE OTHER SIDE IF		AS MADE TO RESTORE THE	E INSTRUMENT TO	OPERATE SATISFACTORILY AI	ND WITHIN
INSPECTING OFFICER SIGNATURE		PRINT FULL	NAME		
Col Strake		SJFC			
TYPE II PERMIT NUMBER 230280	EXPIRATION 11/30	ON DATE 0/2025	816-387-2		
RETURN COMPLETED REP	ORT TO THE Breath Alcohol by mail, fax, or		Department o	f Health and Senior Se	rvices



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 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 104.2 ppm 52.94 ppm
EB0010285	209.0 ppm	EB0010562	
EB0010561	103.7 ppm	EB0010579	
EB0010681	52.22 ppm		

 CRM Serial No.
 Concentration
 CRM Serial No.
 Concentration

 CC727481
 800.0 ppm
 CC727493
 390.0 ppm

 CC727496
 253.0 ppm
 CC727498
 150.0 ppm

Analytical Method: NDIR

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

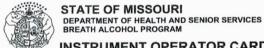
# STEVEN J. FORCE

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

and operate the following broath analyzor(b).	
INTO	X DMT
	mple of expired air. Permit issued under the provisions of sections
577.020 through 577.041, RSMo and 306.111 through 306.119	Mile Massur
DATE11/30/2023	
NUMBER 230280	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
	Daves J. Michaelson
EXPIRES 11/30/2025	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



#### INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol in Missouri.

FORCE, STEVEN Permit No 230280

Date Issued 11/30/2023 **Date Expires** 11/30/2025

