RECEIVED

By Tracy Crews at 8:22 am, Mar 03, 2025



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

(45/63)								
Complete thi	s report at the time of the re s report whenever the instru iginal and send a copy with	ment is serviced or rep	paired and whenever	it is placed into	ed 35 days). o service.			
1NTOX DMT SN 500200	NAME OF AGENCY Missouri State Highway Patrol DATE OF AGENCY 03/							
LOCATION OF INS	St., Van Buren, MO 63965				TIME OF INSPECTION 22:40:21			
CHECKLIS values where	: Place a mark in the box to determined). Unmarked ite	y each item if found to	be satisfactory or is before using instrum	operating withi ent.	n established limits	s. (Write in	observed	
☑ DIAGNO	STIC RECORD							
DATE A	ND TIME <u>03/01/2025 22:40:24</u>							
☑ PRO	GRAM ☐ FILTER 1							
⊠ SAM	IPLE CHAMBER_48.8°C ☐ FILTER 2							
BRE	ATH TUBE 48.1°C ☑ FILTER 3							
☑ PUN	IP ⊠ INTERNAL STANDARD							
BREATH A	NALYZER ACCURACY S	TANDARDS						
SIM	ULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE							
STANDA	ARD SUPPLIER INTOXIN	METERS	LOT# AG3205	02	EXP. DATE	07/24/20	025	
☐ SIMULA	TOR TEMP (34°C ± 0.2°C)		SIM. SN		SIM. NIST EXP DA	TE		
of .005 €	ATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) be tests using a standard. All three tests must be within ±5% of the standard value and must have a spread by 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: 0.0	98	TEST 2: 0.0	TEST 2: 0.098		TEST 3: 0.098			
☑ PERFO	RM R.F.I. TEST	•						-0
INDICATE '	THE NUMBER OF BREA	TH TESTS IN THE F	OLLOWING RANG	S SINCE TH	E LAST MAINTE	NANCE R	EPORT:	
REFUSALS		.0509: 1	.1014:		.1519: 0		VER .19: 0	
LIST ANY NEW F ESTABLISHED L set clock time	ARTS AND DESCRIBE ANY ALTERAT MITS (USE OTHER SIDE IF NECESSA	ION OR MODIFICATION THAT V	VAS MADE TO RESTORE TH	E INSTRUMENT TO	OPERATE SATISFACTOR	ILY AND WITH	N	
	IG OFFICER							
SIGNATURE	PRINT FULL NAME KENNETH H HALL							
11/PE PERMIT 230185	NUMBER		TION DATE 22/2025	417-469-3				
RETURN C	OMPLETED REPORT TO	D THE Breath Alcoho	ol Program, Missouri r email	Department of	Health and Senio	r Services		
MO 580-2898 (5-								LAB-16



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: 1-Aug-2023

Lot # AG320502 Model 108

Exp Date 24-Jul-2025 Cyl. Type 108 Component

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Ethanol Nitrogen

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

RGM Serial No. Concentration
EB0010581 391.8 ppm
EB0010570 259.8 ppm
EB0010285 209.0 ppm
EB0010561 103.7 ppm
EB0010681 52.22 ppm

RGM Serial No. Concentration
EB0010603 392.5 ppm
EB0010559 258.9 ppm
EB0010562 104.2 ppm
EB0010579 52.94 ppm

CRM Serial No. CC727481 CC727496 Concentration 800.0 ppm 253.0 ppm CRM Serial No. CC727493 CC727498 Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control Reason Dry gas standard certification of analysis Location Airgas USA LLC (Lab) Date 08 10 2023 09:48

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

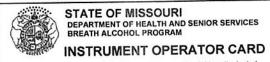
KENNETH HALL

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

ALCO-SENSOR IV WITH PRINTER, 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 8/22/2023 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY DATE NUMBER 230185 Daves I. Nichelson EXPIRES 8/22/2025 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB-4 (R6-10)

MO 580-077 (6-10)



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.

HALL, KENNETH Operator Permit No 230185

Date Expires 8/22/2025 Date Issued 8/22/2023

