#### RECEIVED

By Tracy Crews at 7:18 am, Jan 03, 2025



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

#### INTOX DMT MAINTENANCE REPORT

REPORT #1

INTOX DIVIT WAINTEN	RIVEL REPORT				KEFOKT#
Complete this report at the time of the regular Complete this report whenever the instrument Retain the original and send a copy within 15	nt is serviced or repai	red and whenever it is plac	exceed 35 days). ed into service.		
500202 Missouri	Missouri State Highway Patrol				
Reynolds Co. Sheriff's Dept, Centervill	tion of instrument (street and city) synolds Co. Sheriff's Dept, Centerville, MO				
CHECKLIST: Place a mark in the box by eavalues where determined). Unmarked items	ch item if found to be	satisfactory or is operating	within established limits.	. (Write in observed	
☑ DIAGNOSTIC RECORD		rore doing modument.			
DATE AND TIME <u>01/01/2025 17:46</u>	51_	☑ DETECTOR			
☑ PROGRAM		☑ FILTER 1			
☑ SAMPLE CHAMBER 48.8°C		☑ FILTER 2			
☑ BREATH TUBE 48.1°C		☑ FILTER 3			
⊠ PUMP	MITERIAC OTANDARD				
BREATH ANALYZER ACCURACY STAN	DARDS				
☐ SIMULATOR STANDARD		☐ COMPRESSED	ETHANOL-GAS MIXTU	JRE	
STANDARD SUPPLIER INTOXIMET	ERS L	.OT# <u>AG320502</u>	EXP. DATE_	07/24/2025	
☐ SIMULATOR TEMP (34°C ± 0.2°C)  ☐ CALIBRATION CHECK - (ONLY ONE Run three tests using a standard. All three		IM. SN	SIM. NIST EXP DAT		
☑ 0.10% STANDARD - MUST RE ☐ 0.08% STANDARD - MUST RE ☐ 0.04% STANDARD - MUST RE	AD BETWEEN 0.07	6% AND 0.084% INCLUSI	VE		
TEST 1: 0.100	TEST 2: 0.099		TEST 3: 0.099		
PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TI	ESTS IN THE FOLL	OWING RANGES SINCE	THE LAST MAINTEN	ANCE REPORT:	
REFUSALS: 0 004: 0	.0509: 0	.1014: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	MODIFICATION THAT WAS N	MADE TO RESTORE THE INSTRUMEN	IT TO OPERATE SATISFACTORILY	AND WITHIN	
INSPECTING OFFICER SIGNATURE		PRINT FULL NAME KENNETH H H	ALL		
230185	08/22/2				
RETURN COMPLETED REPORT TO THE	Breath Alcohol Pro	ogram, Missouri Departmer ail	nt of Health and Senior S	ervices	
MO 580-2898 (5-19)		UNITY/AFFIRMATIVE ACTION EMPLO	YER		LAB-166



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** 

Ethanol

Nitrogen

0.100 ± 2% BrAC (260 ppm)

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 here by 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.

DATE

8/22/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

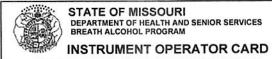
NUMBER 230185

EXPIRES 8/22/2025

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 HALL, KENNETH Permit No 230185

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

