#### 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

ANSWERS .	INTOX DIVIT IVIAINTENANCE	(LI OIL)			
Complete this	report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). report whenever the instrument is serviced or repaired and whenever it is placed into service. ginal and send a copy within 15 days to the Breath Alcohol Program, DHSS.				
итох DMT SN 500202	NAME OF AGENCY Missouri State Highway Patrol			03/01/2025	
Reynolds (	TRUMENT (STREET AND CITY) Co. Sheriff's Dept, Centerville, MO			17:13:33	
CHECKLIST	: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed determined). Unmarked items must be corrected before using instrument.				
	STIC RECORD				
DATE A	ND TIME 03/01/2025 17:13:36 ☑ DETECTOR				
☑ PRO	GRAM ☐ FILTER 1				
⊠ SAM	PLE CHAMBER 48.8°C   FILTER 2				
☑ BRE	ATH TUBE_48.1°C      STILTER 3   STILTER 3				
☑ PUM	P INTERNAL STANDARD				
BREATH AN	ALYZER ACCURACY STANDARDS				
☐ SIMU	LATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE				
STANDA	THE COLL THE CONTROL OF THE COLUMN TO THE CO			EXP. DATE	24/2025
	TOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE _	
	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: 0.1	00 TE	TEST 2: 0.099		TEST 3: 0.099	
☑ PERFORM	RM R.F.I. TEST				
INDICATE T	THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
REFUSALS		TO 6	014: <b>0</b>	.1519: 0	OVER .19: 0
LIST ANY NEW P ESTABLISHED LI	ARTS AND DESCRIBE ANY ALTERATION OR MODIFIC MITS (USE OTHER SIDE IF NECESSARY)	ATION THAT WAS MADE TO RES	FORE THE INSTRUMENT TO	OPERATE SATISFACTURILY AND	VVITRIN
INSPECTIN SIGNATURE	IG OFFICER	Pi	RINT FULL NAME KENNTH H HALL		
TYPE II PERMITA	NUMBER 41 /4-4	EXPIRATION DATE 08/22/2025	417-469-		
230185 RETURN C	COMPLETED REPORT TO THE  Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email				
MO 580-2898 (5-1	9) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER				LAB



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

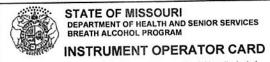
## KENNETH HALL

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

