By Tracy Crews at 11:47 am, Mar 21, 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 the regular n Complete this report whenever the instrument is Retain the original and send a copy within 15 d	s serviced or repaired and	whenever it is placed in	eed 35 days). ato service.		
TOX DMT SN NAME OF AGENCY 500206 Missouri State Highway Patrol			DATE OF INSPECTION 03/19/2025		
LOCATION OF INSTRUMENT (STREET AND CITY) 8928 State Highway 19, Winona, MO		TIME OF INSPECTION 12:46:55			
CHECKLIST: Place a mark in the box by each values where determined). Unmarked items mu	item if found to be satisfactust be corrected before usi	ctory or is operating with	nin established limits. (W	rite in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME <u>03/19/2025 12:46:58</u>	X DETECTOR				
☑ PROGRAM	FILTER 1				
☑ SAMPLE CHAMBER 48.8°C	X FILTER 2	FILTER 2			
☑ BREATH TUBE 48.0°C	X FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDA	RDS				
☐ SIMULATOR STANDARD		COMPRESSED ET	COMPRESSED ETHANOL-GAS MIXTURE		
	LOT#_	AG320502	EXP. DATE <u>07</u>	/24/2025	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE_		
□ CALIBRATION CHECK - (ONLY ONE STRUM three tests using a standard. All three of .005 or less. Mark the box correspondin □ 0.10% STANDARD - MUST READ □ 0.08% STANDARD - MUST READ □ 0.04% STANDARD - MUST READ	g to the standard being us DBETWEEN 0.095% AND DBETWEEN 0.076% AND	ed. 0 0.105% INCLUSIVE 0 0.084% INCLUSIVE			
TEST 1: 0.100 TEST 2: 0.100			TEST 3: 0.100		
PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TES	TS IN THE FOLLOWING	RANGES SINCE TH	IE LAST MAINTENANG	CE REPORT:	
REFUSALS: 0 004: 0	.0509: 0	.1014: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MO ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	DIFICATION THAT WAS MADE TO R	ESTORE THE INSTRUMENT TO	OPERATE SATISFACTORILY AND) WITHIN	
INSPECTING OFFICER SIGNATURE		PRINT FULL NAME THOMAS E YOUN	G		
TYPE II PERMIT/YÜMBER // 240009	01/08/2026	TELEPHONE NUM 417-469-3			
RETURN COMPLETED REPORT TO THE	Breath Alcohol Program, I by mail, fax, or email	The second secon		ices	



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

Cyl. Type

Component

Certified Concentration

24-Jul-2025

108

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. EB0010603 EB0010559 EB0010562 EB0010579

Concentration 392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

CRM Serial No. CC727481

Concentration 800.0 ppm 253.0 ppm

CRM Serial No. CC727493

CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

CC727496

Digitally signed by Quality Control Reason Dry gas standard certification of analysis Location-Argas USA LLC (Lnb) Date:08.10.2023.02.48

Approved for Release:

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

THOMAS E. YOUNG III

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

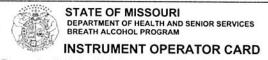
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo. Mike Massin DATE 1/8/2024 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 240009 Davea J. nichelson

MO 580-0771 (6-10)

EXPIRES 1/8/2026

LAB-4 (B6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 YOUNG III, THOMAS

Permit No 240009

Date Issued 1/8/2024 Date Expires 1/8/2026

