By Tracy Crews at 8:01 am, Mar 04, 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 r Complete this report whenever the instrument i Retain the original and send a copy within 15 d	is serviced or repaired and	whenever it is placed					
NAME OF AGENCY 500209 Missouri State Highway Patrol			DATE OF INSPECTION 03/02/2025				
LOCATION OF INSTRUMENT (STREET AND CITY)  104 N. Phelps Ave., Mansfield, MO (Mansfield PD)			TIME OF INSPECTION 19:40:05				
CHECKLIST: Place a mark in the box by each values where determined). Unmarked items mu	item if found to be satisfa	ctory or is operating wi	thin established limits. (Wi	ite in observed			
☑ DIAGNOSTIC RECORD							
DATE AND TIME 03/02/2025 19:40:08	DATE AND TIME 03/02/2025 19:40:08						
☑ PROGRAM	☑ PROGRAM ☑ FILTER 1						
☑ SAMPLE CHAMBER 48.7°C		☑ FILTER 2					
☑ BREATH TUBE 48.1°C	_	☑ FILTER 3					
☑ PUMP		☑ INTERNAL STANI	DARD				
BREATH ANALYZER ACCURACY STANDA	ARDS						
☐ SIMULATOR STANDARD			THANOL-GAS MIXTURE				
☑ STANDARD SUPPLIER INTOXIMETER	RS 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 S' Run three tests using a standard. All three of .005 or less. Mark the box correspondir     □ 0.10% STANDARD - MUST REAL     □ 0.08% STANDARD - MUST REAL     □ 0.04% STANDARD - MUST REAL	ng to the standard being u D BETWEEN 0.095% AN D BETWEEN 0.076% AN	sed. D 0.105% INCLUSIVE D 0.084% INCLUSIVE		*			
TEST 1: 0.100	TEST 2: 0.099		TEST 3: 0.098				
☑ PERFORM R.F.I. TEST							
INDICATE THE NUMBER OF BREATH TES	STS IN THE FOLLOWIN	G RANGES SINCE T	HE LAST MAINTENANC	CE REPORT:			
REFUSALS: 0 004: 0	.0509: 0	.1014: 0	.1519: 0	OVER .19: 0			
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR ME ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ODIFICATION THAT WAS MADE TO	RESTORE THE INSTRUMENT T	O OPERATE SATISFACTORILY AND	WITHIN			
		*	F (144)				
INSPECTING OFFICER							
SIGNATURE		PRINT FULL NAME STACY J CREWS	SE				
TYPE II PERMIT NUMBER 230244	EXPIRATION DATE 10/31/2025	TELEPHONE NU 417-469-					
RETURN COMPLETED REPORT TO THE	Breath Alcohol Program, by mail, fax, or email	Missouri Department	of Health and Senior Servi	ces			
MO 580 2808 (5 10)	AN FOLIAL OPPORTUNITY/AF	EIRMATIVE ACTION EMPLOYE	B	1 AD 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

 $0.100 \pm 2\%$  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
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
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: 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



LAB-4 (R6-10)

# PERMIT

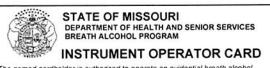
## STACY J. CREWSE

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

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MO 580-0771 (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 al in Missouri.

Operator CREWSE, STACY

Permit No 210245

Date Issued 11/12/2021 Date Expires 11/12/2023

