RECEIVED

By Tracy Crews at 1:37 pm, Jan 24, 2025



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

AND THE PROPERTY OF TAXABLE PROPERTY.			
Complete this report at the time of the regular monthly Complete this report whenever the instrument is service Retain the original and send a copy within 15 days to the	ed or repaired and whenever it is	placed into service.	
NAME OF AGENCY 500213 West Plains Police	Department	DATE OF INSPECTION 01/24/2025	
COCATION OF INSTRUMENT (STREET AND CITY) West Plains PD, 1912 Holiday Lane, West Plain	ıs, Mo	TIME OF INSPECTION 09:26:14	
CHECKLIST: Place a mark in the box by each item if f values where determined). Unmarked items must be co	ound to be satisfactory or is oper prrected before using instrument.	ating within established limits. (Write in observed
☑ DIAGNOSTIC RECORD			
DATE AND TIME 01/24/2025 09:26:18	☑ DETECTO	R	
☑ PROGRAM	☐ FILTER 1		
SAMPLE CHAMBER 48.9°C	☑ FILTER 2		
☑ BREATH TUBE 44.8°C	☑ FILTER 3		
⊠ PUMP		STANDARD	
BREATH ANALYZER ACCURACY STANDARDS			
☐ SIMULATOR STANDARD	☐ COMPRES	SED ETHANOL-GAS MIXTUR	RE
☑ STANDARD SUPPLIER AIRGAS	LOT#_AG400203	EXP. DATE_C	1/02/2026
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DATE	
 \[\begin{align*} \text{CALIBRATION CHECK - (ONLY ONE STANDA Run three tests using a standard. All three tests must of .005 or less. Mark the box corresponding to the \(\begin{align*} \text{0.10% STANDARD - MUST READ BETW.} \text{0.08% STANDARD - MUST READ BETW.} \text{0.04% STANDARD - MUST READ BETW.} \text{0.04% STANDARD - MUST READ BETW.}	standard being used. /EEN 0.095% AND 0.105% INCI /EEN 0.076% AND 0.084% INCI	LUSIVE LUSIVE	
TEST 1: 0.101 TEST	2: 0,100	TEST 3: 0.100	
☑ PERFORM R.F.I. TEST			
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWING RANGES S	INCE THE LAST MAINTENA	NCE REPORT:
REFUSALS: 0 004: 21 .050	· · · · · · · · · · · · · · · · · · ·	.1519: 2	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATIO ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	N THAT WAS MADE TO RESTORE THE INSTI	RUMENT TO OPERATE SATISFACTORILY A	ND WITHIN
INSPECTING OFFICER			
SIGNATURE	PRINT FULL NAME BRANDON	I S STEPHENS	
туре II РЕГИПТ ИМВЕР 240085		PHONE NUMBER	
	Alcohol Program, Missouri Depa , fax, or email	rtment of Health and Senior Se	ervices



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 Cralg Road St. Louis, Mo 63146 Test Date: 4-Jan-2024

Lot # AG400203 Model 108

Exp Date 2-Jan-2026

Cyl. Type 108

Component

Ethanol Nitrogen **Certified Concentration** 0.100 ± 2% BrAC (260 ppm)

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

RGM Serial No. EB0010581 EB0010570 EB0010285 EB0010561 EB0010681	Concentration 391.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm 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.	Concentration	CRM Serial No.	Concentration
CC727481	799.4 ppm	CC727493	389.8 ppm
CC727496	253.4 ppm	CC727498	150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason Dry gas standard cartification of analysis Location:Augus USA LLC (Lab) Date 01 05:2024 08:53

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 BRANDON STEPHENS

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

	<u> </u>
for the determination of the alcoholic content of blood from a sample of expired air Permit issued under the 577.020 through 577.041, RSMa and 306.111 through 306.119 RSMa.	of expired air. Permit issued under the provisions of sections lo.
DATE 4/2/2024	Mile Masser
24000	DIRECTOR OF STATE PUSLIC HEALTH LABORATORY
NUMBER 240185	Danes J. Dichees
EXPIRES 4/2/2026	The same of the sa

MO 580-07Z1 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES.

LAB-4 (R6-10)