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

THE TOTAL STATE OF THE STATE OF	INEI OINI			
Complete this report at the time of the regular mont Complete this report whenever the instrument is se Retain the original and send a copy within 15 days	rviced or repaired and wheneve	r it is placed into service.		
Lancard Control of the Control of th	NAME OF AGENCY Cape Girardeau Police Department		DATE OF INSPECTION 01/02/2025	
OCATION OF INSTRUMENT (STREET AND CITY) 2530 MARIA LOUISE LANE CAPE GIRARDEAU, MO		TIME OF INSPECTION 06:23:41		
CHECKLIST: Place a mark in the box by each iten values where determined). Unmarked items must b	n if found to be satisfactory or is e corrected before using instrur	operating within established limits nent.	. (Write in observed	
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>01/02/2025 06:23:44</u> ☑ DETECTOR				
☑ PROGRAM	☐ PROGRAM ☐ FILTER 1			
☑ SAMPLE CHAMBER 48.7°C ☑ FILTER 2				
☑ BREATH TUBE 44.3°C ☑ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE				
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#_AG4149	04 EXP. DATE	05/28/2026	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DA	TE	
 □ CALIBRATION CHECK - (ONLY ONE STAN Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to 0.10% STANDARD - MUST READ BE □ 0.08% STANDARD - MUST READ BE □ 0.04% STANDARD - MUST READ BE 	the standard being used. ETWEEN 0.095% AND 0.105% ETWEEN 0.076% AND 0.084%	INCLUSIVE	ad	
TEST 1: 0.082	EST 2: 0.081	TEST 3: 0.082		
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
REFUSALS: 1 004: 31	0509: 1 .1014:	3 .1519: 2	OVER .19: 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	CATION THAT WAS MADE TO RESTORE TH	E INSTRUMENT TO OPERATE SATISFACTORII	LY AND WITHIN	
INSPECTING OFFICER SIGNATURE	PRINT FUL	L NAME		
NE WILL		DLEY L NEELS		
230238	10/31/2025	TELEPHONE NUMBER 573-339-6621		
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email				

500 222



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: 30-May-2024

Lot # AG414904 Model 108

Exp Date 28-May-2026

Cyl. Type

Component Ethanol

Certified Concentration 0.080 ± 0.002 BrAC (208 ppm)

May-2026 108 Etha

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. EB0010603 EB0010559 EB0010562 EB0010579 Concentration 392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

CRM Serial No. CC727481

799.4 ppm 253.4 ppm

Concentration

CRM Serial No. CC727493 CC727498 Concentration 389.8 ppm 150.2 ppm

Analytical Method: NDIR

CC727496

Digitally signed by Quality Control Reason Dry gas standard captification or analysis Location August USA LLC (Lab) Date C5 31 2024 97 22

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 BRADLEY NEELS

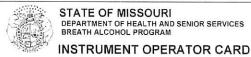
MO 580-0771 (6-10)

EXPIRES 10/31/2025

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

Davla J. Michaelson

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 ai in Missouri.

Operator NEELS, BRADLEY

Date Issued 10/31/2023 Date Expires 10/31/2025

