

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 monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.				
INTOX DMT SN S00222 NAME OF AGENCY Cape Girardeau Police Department DATE OF INSPECTION 02/03/2025				
LOCATION OF INSTRUMENT (STREET AND CITY) 2530 MARIA LOUISE LANE CAPE GIRARDEAU, MO 04:59:29				
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in obsevalues where determined). Unmarked items must be corrected before using instrument.	rved			
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>02/03/2025 04:59:32</u> ☑ DETECTOR				
☑ PROGRAM ☑ FILTER 1				
☑ SAMPLE CHAMBER 48.8°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 # AG414904 EXP. DATE 05/28/2026				
☐ SIMULATOR TEMP (34°C ± 0.2°C) SIM. SN SIM. SN SIM. NIST EXP DATE				
of .005 or less. Mark the box corresponding to the standard being used. □ 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: 0.082 TEST 2: 0.081 TEST 3: 0.081				
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
REFUSALS: 0 004: 0 .0509: 2 .1014: 1 .1519: 1 OVER .				
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)				
INSPECTING OFFICER				
PRINT FULL NAME BRAD L NEELS				
TYPE II PERMIT NÜMBER				
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email				



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

Certified Concentration 0.080 ± 0.002 BrAC (208 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 799.4 ppm 253.4 ppm CRM Serial No. CC727493 CC727498

Concentration 389.8 ppm 150.2 ppm

Analytical Method: NDIR

Digitally aigned by Guesty Control Resson Dry gas standard certification of analysis Location-Argeit USA LLC (Lib) Date 05 31 2024 67 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

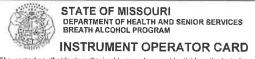
BRADLEY NEELS

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. DATE ____10/31/2023 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 230238 Daves I. Nichelson EXPIRES 10/31/2025

MO 580 0771 (6-10)

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 Missoud

Operator NEELS, BRADLEY

Permit No 230238 Date Issued 10/31/2023

Date Expires 10/31/2025

