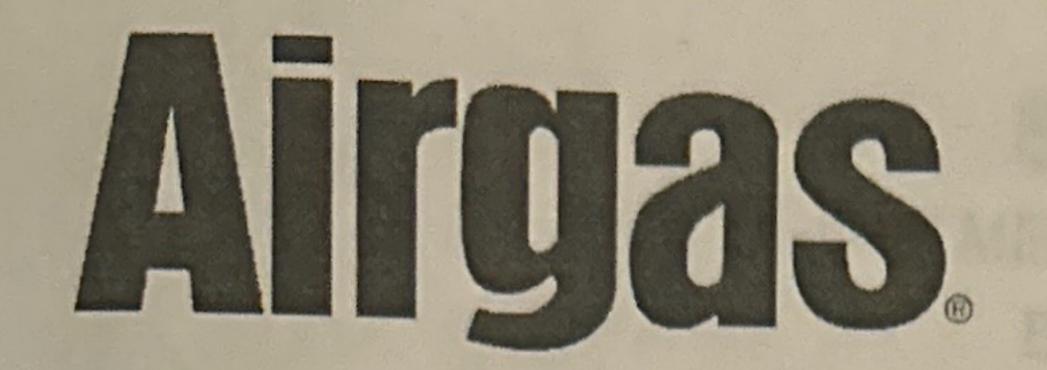


## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

REPORT #1

INTOX DMT MAINTENANCE REPORT								
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 500233	NAME OF AGENCY Hayti Police dep	01/20/2025						
LOCATION OF INSTRUMENT (STREE				TIME OF INSPECTION 06:59:43				
300 East Broadway	k in the box by each item	if found to be satisfa	ctory or is operatin	g within established limits. (W	/rite in observed			
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.								
☑ DIAGNOSTIC RECORD								
DATE AND TIME01/20/2025 06:59:46								
☑ PROGRAM			FILTER 1					
SAMPLE CHAMBI	ER_49.0°C		FILTER 2					
BREATH TUBE 4	4.8°C		FILTER 3	ANIDARD				
☑ PUMP			INTERNAL ST	ANDARD				
BREATH ANALYZER ACCURACY STANDARDS   COMPRESSED ETHANOL-GAS MIXTURE								
SIMULATOR STA			AG400203	EXP. DATE 01				
STANDARD SUPPLIE		SIM. SN		SIM. NIST EXP DATE_				
□ SIMULATOR TEMP (34°C ± 0.2°C) SIM. SN SIM. NIST EXTENDED SIM. NIST								
TEST 1: 0.099		ST 2: 0.099		TEST 3: 0.099				
PERFORM R.F.I. TEST								
INDICATE THE NUMBER	OF BREATH TESTS I	N THE FOLLOWING	3 RANGES SINC	E THE LAST MAINTENAN	CE REPORT:			
DEELISALS: 1	04. 1	509: 0	.1014: 0	.1519: 1	OVER .19: 0			
LIST ANY NEW PARTS AND DESCRIB ESTABLISHED LIMITS (USE OTHER SI	E ANY ALTERATION OR MODIFICA IDE IF NECESSARY)	ATION THAT WAS MADE TO F	ESTORE THE INSTRUME	NT TO OPERATE SATISFACTORILY AND	DWITHIN			
RECEIVED By Tracy Crows at 7.35 am, Jan 24, 2025  NICODECTING OFFICED								
INSPECTING OFFICER SIGNATURE			PRINT FULL NAME DAVID MACLIN					
TYPE II PERMIT NUMBER		EXPIRATION DATE	TELEPHON	E NUMBER				
230144		07/17/2025		59-6348				
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: 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.	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	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 certification of analysis Location:Airgas USA LLC (Lab) Date:01.05.2024 08:53

Approved for Release:

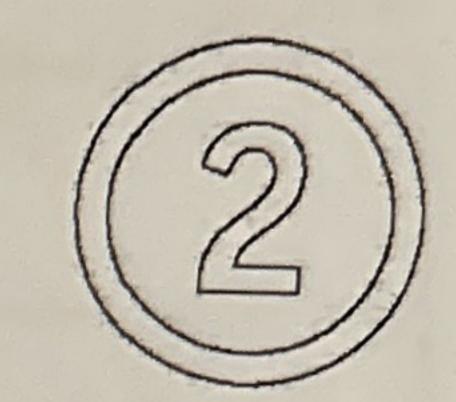
Yusef Woods

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 DAVID MACLIN

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. Mile Masson

7/17/2023 DATE

NUMBER 230144

EXPIRES 7/17/2025

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Daven J. nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RG-10)

