

RECEIVED

By Tracy Crews at 1:44 pm, Feb 28, 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 Complete this report whenever t Retain the original and send a c	the instrument is serviced or re	paired and whenever	er it is placed into	d 35 days). service.	11 Union 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
INTOX DMT SN 500233	TOX DMT SN NAME OF AGENCY				DATE OF INSPECTION 02/26/2025		
LOCATION OF INSTRUMENT (STREET AND 300 East Broadway	TIME OF INSPECTION 11:56:51	AND A LANGE OF THE PARTY.					
CHECKLIST: Place a mark in to values where determined). Unm	he box by each item if found to	be satisfactory or is before using instru	operating withir ment.	established limits. (Write in observed		
☑ DIAGNOSTIC RECORD					100		
DATE AND TIME 02/26/2	2025 11:56:54	☑ DET	CTOR				
☑ PROGRAM	Let	☑ FILTER 1					
SAMPLE CHAMBER	19.0°C	☑ FILTI	R 2				
☑ BREATH TUBE 47.4°	С	☑ FILTER 3					
☑ PUMP		☑ INTE	☑ INTERNAL STANDARD				
BREATH ANALYZER ACCUR	ACY STANDARDS	or the second discount of	Par dante				
☐ SIMULATOR STANDA	RD		PRESSED ETH	ANOL-GAS MIXTU	RE		
STANDARD SUPPLIER IN	1TOX	LOT#_AG400	203	EXP. DATE_	02/02/2026		
☐ SIMULATOR TEMP (34°C :	± 0.2°C)	SIM. SN	S	IM. NIST EXP DATE			
☑ 0.10% STANDARD☑ 0.08% STANDARD	ox corresponding to the standa) - MUST READ BETWEEN 0) - MUST READ BETWEEN 0) - MUST READ BETWEEN 0	ard being used. 0.095% AND 0.105% 0.076% AND 0.084%	6 INCLUSIVE				
TEST 1: 0.100	99		TEST 3: 0.099				
PERFORM R.F.I. TEST	-5 - 5 - 5 - 6 - 6 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7						
NDICATE THE NUMBER OF	BREATH TESTS IN THE FO	OLLOWING RANG	SES SINCE THI	E LAST MAINTEN	ANCE REPORT:		
		.1014		.1519: 3	OVER .19: 0		
REFUSALS: 0 004: (IST ANY NEW PARTS AND DESCRIBE ANY STABLISHED LIMITS (USE OTHER SIDE IF	ALTERATION OR MODIFICATION THAT V						
	200		1 BAGGA				
	Approved fer	Release.					
NSPECTING OFFICER		IDDINT SI	LL NAME				
SIGNATURE OLD			ID MACLIN				
YPE II PERMIT NUMBER 230144		TION DATE 17/2025	573-359-6				
RETURN COMPLETED REPO	by mail, fax, o	r email		Health and Senior S			
O 580-2898 (5-19)	AN EQUAL OP service	PPORTUNITY/AFFIRMATIVE ces provided on a nondiscrin	ACTION EMPLOYER ninatory basis		LAE		

First of Ramadan



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-202

Lot # AG400203 Model 108

Exp Date Cyl. 2-Jan-2026 108

Cyl. Type

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



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STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



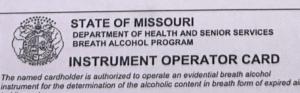
LAB-4 (R6-10)

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. Mike Masson DATE ____7/17/2023 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 230144 Daves J. nichelson **EXPIRES 7/17/2025** DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)



in Missouri.

Operator MACLIN, DAVID Permit No 230144

Date Expires 7/17/2025

