RECEIVED

By Tracy Crews at 8:03 am, Mar 04, 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	he instrument is serviced or r	repaired and when	ever it is placed i		
INTOX DMT SN NAME OF AGENCY 500239 Mexico Public Safety Department				DATE OF INSPECTION 03/03/2025	
LOCATION OF INSTRUMENT (STREET AND CITY) 300 N. Coal, Mexico, MO 65265				TIME OF INSPECTION 08:03:52	
CHECKLIST: Place a mark in t values where determined). Unm	ne box by each item if found arked items must be correcte	to be satisfactory o ed before using ins	r is operating wit trument.	hin established limits.	(Write in observed
☑ DIAGNOSTIC RECORD					
DATE AND TIME 03/03/2025 08:03:54			TECTOR		
☑ PROGRAM ☑			FILTER 1		
☑ SAMPLE CHAMBER_48.8°C					
☑ BREATH TUBE 45.8°C ☑ FIL			TER 3		
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCUR	ACY STANDARDS				
☐ SIMULATOR STANDARD			COMPRESSED ETHANOL-GAS MIXTURE		
STANDARD SUPPLIER IN	ITOXIMETERS	LOT#_AG4^	17101	EXP. DATE_	06/19/2026
☐ SIMULATOR TEMP (34°C:	± 0.2°C)	SIM. SN		SIM. NIST EXP DATI	Ε
☑ 0.10% STANDARE ☐ 0.08% STANDARE	ndard. All three tests must be ox corresponding to the stand or MUST READ BETWEEN or MUST READ BETWEEN or MUST READ BETWEEN	dard being used. 0.095% AND 0.10 0.076% AND 0.08	5% INCLUSIVE 4% INCLUSIVE		a d
TEST 1: 0.103	TEST 2: 0	.103	TEST 3: 0.103		
PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF	BREATH TESTS IN THE	FOLLOWING RA	NGES SINCE T	HE LAST MAINTENA	ANCE REPORT:
REFUSALS: 0 004: (.0509: 1	.10	14: 0	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ESTABLISHED LIMITS (USE OTHER SIDE IF	ALTERATION OR MODIFICATION THAT NECESSARY)	WAS MADE TO RESTOR	E THE INSTRUMENT TO	O OPERATE SATISFACTORILY	AIHTIW GNA
March Maintenance					
INSPECTING OFFICER					
SIGNATURE			FULL NAME ISTIN C LYBAF	RGER	
TYPE II PERMIT NUMBER 240120		ATION DATE /29/2026	TELEPHONE NU 573-581-		
RETURN COMPLETED REP	ORT TO THE Breath Alcol by mail, fax,		ouri Department d	of Health and Senior S	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 Craig Road St. Louis, Mo 63146

Test Date: 20-Jun-2024

Lot # AG417101 **Model** 108

Exp Date 19-Jun-2026 Cyl. Type 108

Component Ethanol

Certified Concentration

Nitrogen

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. CC727481

Concentration 799,4 ppm

CRM Serial No. CC727493

Concentration

CC727496

253.4 ppm

CC727498

389.8 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by:Qualify Control Reason:Dry gas standard certification of analysis Localion:Airgas USA 1.LC (Lab) Date:06.21.2024 07:18

Approved for Release: _

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



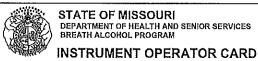
PERMIT TYPE II

AUSTIN LYBARGER

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.				
NUMBER 240120				
EXPIRES 5/29/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES			
MO 580-0771 (6-10)	LAPA (APA (A)			



The named cardholder is authorized to operate an evidential breath alcohol Instrument for the determination of the alcoholic content in breath form of expired all in Missouri.

Operator LYBARGER, AUSTIN Permit No 240120

Date Issued 5/29/2024 Date Expires 5/29/2026

