By Tracy Crews at 8:32 am, Jan 07, 2025



#### MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

#### INTOX DMT MAINTENANCE REPORT

REPORT #1

	<del></del>				
Complete this report at the time of the regular monthly p Complete this report whenever the instrument is service Retain the original and send a copy within 15 days to th	ed or repaired and when	ever it is placed into	d 35 days). service.		
INTOX DMT SN NAME OF AGENCY COlumbia PD		ľ	01/03/2025		
LOCATION OF INSTRUMENT (STREET AND CITY) 600 E. Walnut			TIME OF INSPECTION 17:20:13		
CHECKLIST: Place a mark in the box by each item if for values where determined). Unmarked items must be co	ound to be satisfactory o	is operating within rument.	established limits	. (Write in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME 01/03/2025 17:20:17					
☑ PROGRAM ☑ FILTER 1					
☑ SAMPLE CHAMBER 48.7°C ☑ FILTER 2					
☑ BREATH TUBE 42.1°C		TER 3			
<b>⊠</b> PUMP	X IN	ERNAL STANDAR	D		
BREATH ANALYZER ACCURACY STANDARDS					
☐ SIMULATOR STANDARD	XI CC	MPRESSED ETHA	NOL-GAS MIXT	URE	
☑ STANDARD SUPPLIER_INTOXIMETERS	LOT#_AG32	0002	EXP. DATE_	07/19/2025	
SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM	II. NIST EXP DAT	TE	
<ul> <li>□ CALIBRATION CHECK - (ONLY ONE STANDAR Run three tests using a standard. All three tests mu of .005 or less. Mark the box corresponding to the</li> <li>□ 0.10% STANDARD - MUST READ BETW</li> <li>□ 0.08% STANDARD - MUST READ BETW</li> <li>□ 0.04% STANDARD - MUST READ BETW</li> </ul>	standard being used. EEN 0.095% AND 0.10 EEN 0.076% AND 0.08	5% INCLUSIVE 4% INCLUSIVE			
TEST 1: 0.100 TEST	2: 0.100	TEST 3: 0.100			
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS IN T	HE FOLLOWING RAN	IGES SINCE THE	LAST MAINTEN	IANCE REPORT:	
REFUSALS: 1 004: 35 .050	9: 2 .101	4: 1	.1519: 3	OVER .19: 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	N THAT WAS MADE TO RESTORE	THE INSTRUMENT TO OP	ERATE SATISFACTORIL	Y AND WITHIN	
DONE PER DHSS RULES AND REGULATIONS					
INSPECTING OFFICER					
SIGNATURE A STORM		FULL NAME RDAN D PAYNE			
TYPE II PERMIT MUMBER 230205	EXPIRATION DATE 09/13/2025	TELEPHONE NUMBER 573-874-765			
DETURN COMPLETED DEPORT TO THE				Sanicae	
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: 20-Jul-2023

Lot # AG320002 Model 108

Exp Date 19-Jul-2025 Cyl. Type 108

Component

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Ethanol

Nitrogen

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
 800.0 ppm
 CC727493
 390.0 ppm

 CC727496
 253.0 ppm
 CC727498
 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Afrigas USA LLC (Lab) Date:07.20.2023 17:18

Approved for Release:

Rod Marsala

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

# JORDAN PAYNE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

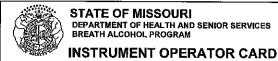
## **ALCO-SENSOR IV WITH PRINTER, INTOX DMT**

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 9/13/2023	Mike Wason
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230205	
EXPIRES 9/13/2025	Daves J. Michaelson
MAN 500 0774 (6 40)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 air in Missouri.

Operator

PAYNE, JORDAN

Permit No 230205 Date Issued 9/13/2023

**Date Expires** 9/13/2025

