By Tracy Crews at 10:38 am, Mar 12, 2025

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

INTOX DMT MAINTENANCE REPORT

REPORT #1

THE THE STATE OF T	CI OICI			
Complete this report at the time of the regular monthly Complete this report whenever the instrument is servic Retain the original and send a copy within 15 days to the	ed or repaired and wher	never it is placed ir		
INTOX DMT SN NAME OF AGENCY Columbia PD			DATE OF INSPECTION 03/07/2025	
LOCATION OF INSTRUMENT (STREET AND CITY) 600 E. Walnut		Apra	TIME OF INSPECTION 15:44:47	
CHECKLIST: Place a mark in the box by each item if I values where determined). Unmarked items must be co	found to be satisfactory or corrected before using ins	or is operating with	hin established limits. (Write	in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>03/07/2025 15:44:51</u>	X D	ETECTOR		·········
☑ PROGRAM ☑ FILTER 1 .				
☑ SAMPLE CHAMBER 48.8°C ☑ FILTER 2				
☑ BREATH TUBE 47.2°C . ☑ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD	☑ COMPRESSED ET		THANOL-GAS MIXTURE	
☑ STANDARD SUPPLIER INTOXIMETERS	LOT#_AG3	20002	EXP. DATE <u>07/1</u>	9/2025
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE	
 □ CALIBRATION CHECK - (ONLY ONE STANDA Run three tests using a standard. All three tests me of .005 or less. Mark the box corresponding to the □ 0.10% STANDARD - MUST READ BETW □ 0.08% STANDARD - MUST READ BETW □ 0.04% STANDARD - MUST READ BETW 	estandard being used. VEEN 0.095% AND 0.10 VEEN 0.076% AND 0.08	05% INCLUSIVE 84% INCLUSIVE	nd must have a'spread	
TEST 1: 0.100 TES	TEST 2: 0.100		TEST 3: 0.100	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
REFUSALS: 0 004: 0 .050	09: 1 .10	14: 0	.1519: 0	OVER .19: 2
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) monthly maintenance				
INSPECTING OFFICER				
SIGNATURE Made D. Holde	PRINT FULL NAME MARK D HOEHNE			
TYPE II PERMIT NUMBER 240116	EXPIRATION DATE 05/29/2026	TELEPHONE NUM 573-874-7	ABER	
RETURN COMPLETED REPORT TO THE Breath by mail	Alcohol Program, Misso I, fax, or email	ouri Department o	f Health and Senior Service	98



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. CC727481 CC727496 Concentration 800.0 ppm 253.0 ppm CRM Serial No. CC727493 CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

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

Approved for Release:

Norl Marsala

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

MARK D. HOEHNE

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

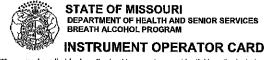
ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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	5/29/2024	Mile Massur
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY	
NUMBER	240116	
EXPIRES 5/29/2026	Danla J. Nichelson	
		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 al in Missouri.

Operator HOEHNE, MARK

Date Issued 5/29/2024

Date Expires 5/29/2026

