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

THIOX DIVITION TO THE	LIKELOKI				
Complete this report at the time of the regular mo Complete this report whenever the instrument is s Retain the original and send a copy within 15 day	serviced or repaired and	whenever it is placed i			
intox dat sn NAME OF AGENCY 500337 Fort Leonard	Wood DES		02/27/2025		
LOCATION OF INSTRUMENT (STREET AND CITY) 13565 South Dakota Avenue Fort Leonard	Wood MO		TIME OF INSPECTION 06:29:25	NA.	
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 TIME 02/27/2025 06:29:28		DETECTOR			
☑ PROGRAM	E	S FILTER 1			
☐ SAMPLE CHAMBER 48.8°C		☑ FILTER 2		- 	
☑ BREATH TUBE 48.1°C	E	☑ FILTER 3	8 ¹ 8 - 18		
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDARDS					
☐ SIMULATOR STANDARD		COMPRESSED E	THANOL-GAS MIXTURE		
☑ STANDARD SUPPLIER INTOXIMETERS	LOT#_	AG318703	EXP. DATE 07/06	5/2025	
SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	St. page 15 and	SIM. NIST EXP DATE		
 \[\] CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used. \[\] 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE \[\] 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE \[\] 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE \[\]					
TEST 1: 0.100	TEST 2: 0.100		TEST 3: 0.100	2	
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS: 0 004: 26	.0509: 0	.1014: 0	.1519: 0	OVER .19: 0	
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) February 2025 - Periodic Maintenance					
INSPECTING OFFICER	200 - 100 - 2000			A STATE OF THE STA	
SIGNATURE		PRINT FULL NAME CHRISTIAN MAR	SH		
TYPE II PERMIT NUMBER 250014	02/05/2027	TELEPHONE NU 573-596-			
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: 8-Jul-2023

Lot # AG318703 **Model** 108

Exp Date 6-Jul-2025 Cyl. Type 108

Component

Certified Concentration

Ethanol

0.100 ± 2% BrAC (260 ppm)

Nitrogen

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No. Concentration EB0010581 391.8 ppm EB0010570 259.8 ppm 209.0 ppm EB0010285 103.7 ppm EB0010561 52.22 ppm EB0010681

RGM Serial No. EB0010603 EB0010559

Concentration 392.5 ppm 258.9 ppm

EB0010562

104.2 ppm

EB0010579

52.94 ppm

CRM Serial No.

Concentration

CRM Serial No.

Concentration

CC727481 CC727496 800.0 ppm 253.0 ppm CC727493 CC727498 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:07.10.2023 14:38

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

CHRISTIAN MARSH

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

	ample of expired air. Permit issued under the provisions of section
577.020 through 577.041, RSMo and 306.111 through 306.1	Mile Massur
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230027	Daven I. Nichelson
EXPIRES 2/14/2025	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 MARSH, CHRISTIAN Permit No 230027

Date Issued 2/14/2023 Date Expires 2/14/2025

