

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 tine Complete this report whenever Retain the original and send a	er the instrument is serviced (or repaired and whene	ever it is placed into	ed 35 days). o service.		
1NTOX DMT SN 500077	Missouri State Highw	ay Patrol		DATE OF INSPECTION 11/01/2023		
5100 W. Division St., Spr	ingfield, MO 65802		TIME OF INSPECTION 09:49:58			
CHECKLIST: Place a mark in values where determined). Ur	n the box by each item if four nmarked items must be corre	nd to be satisfactory or ected before using inst	r is operating within		Vrite in observed	
☑ DIAGNOSTIC RECORD			Tarriorit.			
DATE AND TIME 11/0	1/2023 09:50:01	☑ DE	TECTOR			
☑ PROGRAM		☑ FIL	TER 1			
SAMPLE CHAMBER	48.7°C	☑ FIL	TER 2			
BREATH TUBE 45.	7°C	☑ FIL	TER 3			
☑ PUMP		■ INT	ERNAL STANDAR	RD		
BREATH ANALYZER ACCU	JRACY STANDARDS					
☐ SIMULATOR STAND	ARD	⊠ co	MPRESSED ETH	ANOL-GAS MIXTUR	E	
STANDARD SUPPLIER_	INTOXIMETERS	LOT#_AG200	0302	EXP. DATE 01	1/03/2024	
☐ SIMULATOR TEMP (34°C	C ± 0.2°C)	SIM. SN	SI	M. NIST EXP DATE		
□ 0.08% STANDAR	(ONLY ONE STANDARD and and All three tests must be box corresponding to the state of the State o	indard being used. N 0.095% AND 0.105 N 0.076% AND 0.084	% INCLUSIVE	must have a spread		
TEST 1: 0.098	TEST 2: 0.098			TEST 3: 0.098		
PERFORM R.F.I. TEST						
INDICATE THE NUMBER O	F BREATH TESTS IN THE	FOLLOWING RANG	GES SINCE THE	LAST MAINTENAN	CE REPORT:	
REFUSALS: 0 004:	5 .0509: 0	.1014	1: 1	.1519: 1	OVER 19:0	
LIST ANY NEW PARTS AND DESCRIBE AN ESTABLISHED LIMITS (USE OTHER SIDE I	RECEIVED By Tracy Crews at 1:50 pm, Nov 01, 2023	AT WAS MADE TO RESTORE 1	THE INSTRUMENT TO OP	ERATE SATISFACTORILY AND	D WITHIN	
INSPECTING OFFICER						
INSPECTING OFFICER SIGNATURE						
I A Bour		T A E	BADGETT			
210317		2/16/2023	417-895-686			
RETURN COMPLETED REP	OPT TO THE	hol Program, Missouri			ices	

Airgas.

Airgas USA LLC (LAB) 3500 Bemaid 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: 3-Jan-2022

Lot # AG200302 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

J-Jan-2024

108

Elhanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

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

RGM Serial No. E80010581

Concentration 392.1 ppm

RGM Serial No. EB0010603 EB0010559

Concentration

E80010570 EB0010285

259.8 ppm 208.0 ppm

EB0010595

393.0 ppm 258.2 ppm 208.3 ppm

EB0010561 EB0010681

103.6 ppm 52.12 ppm

EB0010562 EB0010579

104.2 ppm 52.81 ppm

CRM Serial No.

Concentration 800.0 ppm

CRM Serial No.

Concentration

CC434568 CC234503

253.0 ppm

0056649 0056662

390.1 ppm 150.2 ppm

Analytical Method: NDIR

D2,4 Q1 C1 5055 11 32 LOCK-ON YN CH FIZY (I C (I FR) ULTION DIA D11 FIRMENS CHANGE TO US ANNIVO DC 17 A FIRMENS DWIND COLORIO

Approved for Release:

Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07

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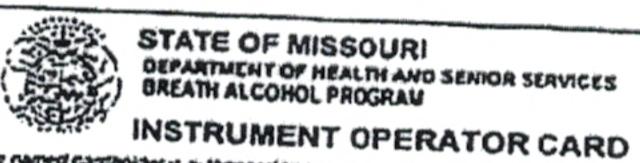
STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



PERMIT

TRENTON A. BADGETT

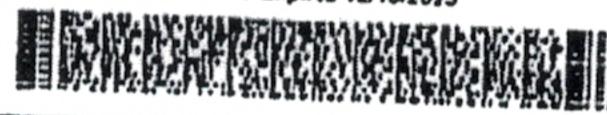
The state of the s	
is hereby authorized to instruct and supervise operand operate the following breath analyzer(s):	rators, train instructors, inspect, calibrate, portorm field service and repairs
	NTOX DMT
for the determination of the alcoholic content of blood 577.020 through 577.041, RSMo and 308.111 throu	
DATE12/16/2021	Addition is it in my
NUMBER 210317	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 12/16/2023	Bonna S. Kreen wil
AND (24 077) (6 10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
	LADS INC. 15:



The named careholder is authorized to operate an evidenced events alcohol in \$1.550mm.
In \$1.550mm.

Operator BADGETT, TRENTON Permit No 210317

Date (saued 12/16/202) Date Expires 12/16/2073



RECEIVED

By Tracy Crews at 10:34 am, Dec 16, 2021

APPROVED

By Brian Lutmer at 11:39 am, Dec 16, 2021

1432

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

THE APPLICATION	APPLICATION FOR	TYPE II PERM	IT FOR	OPi	ERATION OF PDE				1/ (2
Street and other property and the second	County + 1 Fr 6 4 Fr RANGE	290:	300 1	013U	2021	AIHALCO	IOL ANAL	YZERS	
Trenton A	VC .		720	2/30/	1mc				
		PAGE AND THE		-	Corporal				AGE 50
OTHER PRINT	TEOCP			Α(http://www.heal	g your SSN no	umbor is ava	ilable at:	100
Troop D Z						goviia (ar	TELEPHO	3E	
1	arney, Springfield, Mo	65803					(417) 8	95-6868	
L d . w as to " to Francis I at the	lloway@mshp.dps.mo			-		¥ ¥			
	1157 411 00		G COUP	RSES	FOR OPERATION	OF BREATH	ANALYZER	· ·	
DATES	(Also, please place a		T	brea	in analyzer(s) for w	hich you ero	requesting	a permit.)
COURSE	LOCATION OF		COURSE LENGTH (HRS)			L OF BREATH AN		**************************************	1
11/1998			56	;	DataMaster			4000	-
02/25/2014	MSHP Academy		12	\dashv	Intox DMT				Silva
				7					Carver
			1	7		1			
ist the manu	acturer and name of in	struments for w	hlah						
MANU	acturer and name of in eports performed on E FACTURER AND NAME O	ACH type in the	last yea	u are	currently portorm	ing maintenar	ico reports	on and II	ie numbe
Intox DMT	TOTAL O	FINSTHUMENT		NUA	ABER OF MAINTENA	NCE REPORTS			ECT TEST
					2 NR'S OK I	BAIL	1	SELF-TE	212
							-	OK BML	
		The second secon	_				-		
nen adding a frument(s) or a new permit	new Instrument, you n your current permit the for the new Instrument	receive a new lat you wish to t only.	two (2)	year to the	r permit. Therefore	e, normal ron	e renowal n	dures as	oply for I
tonety a Type drinking subje- pred for more to ath analyzer fo	Il Permil, the applicant sicts in the past year on e than thirty (30) days, the or which renewal is requi	hall have completed instrument to applicant shall p	led two (or which erform tw	(2) M	aintenance Reports wal is requested. If	and shall have	parlormed	ot least to	n (10) test
J.A. Ba	gett-						ATE		
URN COMPL	THE: Breen	Alexan				11/22/2021			
		South 2875 .	Jamos B	Ivd.		nment of Hea	ith and Sen	ior Service	ès
0767 (2-11)		Poplar	Bluff, M	0 63	1901	1			