RECEIVED

By Tracy Crews at 1:22 pm, May 15, 2023



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 of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.
INTOX DMT SN 500081 NAME OF AGENCY Missouri State Highway Patrol DATE OF INSPECTION 05/07/2023
LOCATION OF INSTRUMENT (STREET AND CITY) Highway Patrol Service Center, S. Grand, Carthage TIME OF INSPECTION 22:40:22
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 <u>05/07/2023 22:40:25</u> ☑ DETECTOR
☑ PROGRAM ☑ FILTER 1
SAMPLE CHAMBER 48.7°C
☑ BREATH TUBE 45.2°C ☑ FILTER 3
☑ PUMP ☑ INTERNAL STANDARD
BREATH ANALYZER ACCURACY STANDARDS
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE
SIMULATOR TEMP (34°C ± 0.2°C) SIM. SN 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: 0.098 TEST 2: 0.098 TEST 3: 0.099
☑ PERFORM R.F.I. TEST
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
REFUSALS: 0 004: 0 .0509: 0 .1014: 3 .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)
INSPECTING OFFICER SIGNATURE PRINT FULL NAME
OT Provide JEFFERY L PREWITT
TYPE II PERMIT NÜMBER 220001 EXPIRATION DATE 01/05/2024 TELEPHONE NUMBER 417-895-6868
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: 7-Dec-2022

Lot # AG234103 Model 108

Exp Date 7-Dec-2024 Cyl. Type 108 **Component** Ethanol Certified Concentration 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
EB0010285 209.0 ppm
EB0010561 103.7 ppm
EB0010681 52.22 ppm

RGM Serial No. Concentration
EB0010603 392.5 ppm
EB0010559 258.9 ppm
EB0010562 104.2 ppm
EB0010579 52.94 ppm

CRM Serial No. CC727481

800.0 ppm 253.0 ppm

Concentration

CRM Serial No. CC727493

CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method:

CC727496

NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:12.09.2022 17:20

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

JEFFERY L. PREWITT

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.

DATE

1/5/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220001

Results of A. Results of Results

MO 580-0771 (6-10)

EXPIRES 1/5/2024

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

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 PR Permit No 220

PREWITT, JEFFERY 220001

Date Issued 1/5/2022 Date Expires 1/5/2024

