

**RECEIVED**

By Tracy Crews at 8:42 am, Jun 01, 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 500082	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 05/22/2023
LOCATION OF INSTRUMENT (STREET AND CITY) Jefferson Co. No #26 Dillon Plz., High Ridge		TIME OF INSPECTION 12:46:48

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.

<input checked="" type="checkbox"/> DIAGNOSTIC RECORD	
DATE AND TIME <u>05/22/2023 12:46:50</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>49.1°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>45.7°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS	
<input type="checkbox"/> SIMULATOR STANDARD	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE

<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG215701</u>	EXP. DATE <u>06/06/2024</u>
---	-----------------------	-----------------------------

<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____	SIM. SN _____	SIM. NIST EXP DATE _____
--	---------------	--------------------------

<input checked="" type="checkbox"/> 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.	
<input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1: 0.098	TEST 2: 0.098	TEST 3: 0.098
---------------	---------------	---------------

<input checked="" type="checkbox"/> PERFORM R.F.I. TEST
---

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0	0-.04: 0	.05-.09: 0	.10-.14: 3	.15-.19: 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)

Only to change name of standard supplier

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME JESSE D PROCKNOW
---------------	-------------------------------------

TYPE II PERMIT NUMBER 210314	EXPIRATION DATE 12/14/2023	TELEPHONE NUMBER 636-300-2800
---------------------------------	-------------------------------	----------------------------------

RETURN COMPLETED REPORT TO THE  
Breath Alcohol Program, Missouri Department of Health and Senior Services  
by mail, fax, or email

STANDARD CHANGE

Missouri State Highway Patrol  
INTOX dmt: 500082

Date: 05/22/2023  
Time: 12:43:27

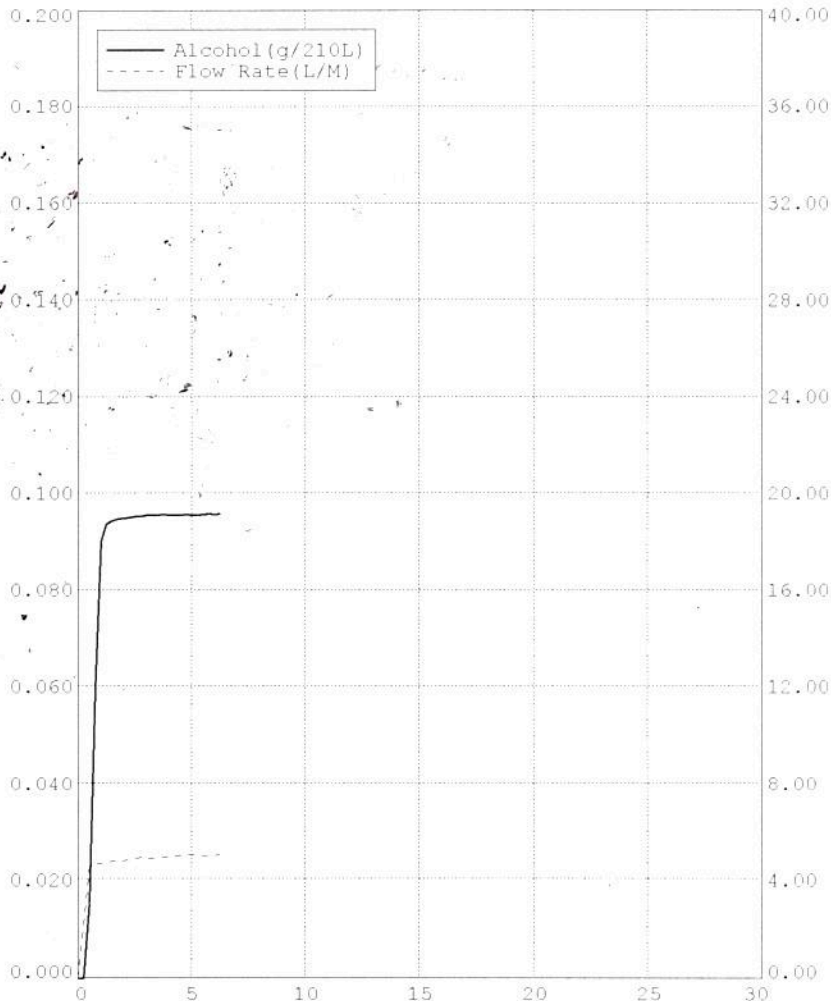
OPERATOR NAME:  
JESSE D PROCKNOW  
PERMIT NUMBER: 210314  
EXPIRATION DATE: 12/14/2023  
MISC:  
CHANGE SUPPLIER NAME NOT ACTUAL STANDARD

LOT #: AG215701  
SUPPLIER: INTOXIMETERS  
EXPIRATION: 06/06/2024  
SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION  
CONCENTRATION: 0.100  
TARGET: 0.097

BLANK TEST	0.000	12:44
INTERNAL STANDARD	VERIFIED	12:44
EXTERNAL STANDARD	0.097	12:44
BLANK TEST	0.000	12:45

Average = 0.0970  
Std Dev = 0.0000  
Spread = 0.0000





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



**PERMIT**  
**TYPE II**  
**JESSE D. PROCKNOW**

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 **12/14/2021**

NUMBER **210314**

EXPIRES **12/14/2023**

*Laura Q. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Ramsey*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



**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** PROCKNOW, JESSE  
**Permit No** 210314  
**Date Issued** 12/14/2021    **Date Expires** 12/14/2023

