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By Tracy Crews at 12:38 pm, Jun 15, 2020



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

TYPE II PERMIT NUMBER 290298 RETURN COMPLETED REPORT TO THE	12/2 Breath Alcoho Southeast Dist 2875 James B	ION DATE 3/2021 Program, MO Dep	TELEPHONE NUMBER 417-895-6868 artment of Health and Senior Se	rvices	
	12/2	JEFF ION DATE 3/2021	ERY L PREWITT TELEPHONE NUMBER 417-895-6868	rvices	
SIGNATURE TYPE II PERMIT NUMBER & A		JEFF ION DATE	ERY L PREWITT		
NSPECTING OFFICER					
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MOI ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	DIFICATION THAT V	AS MADE TO RESTORE TO	HE INSTRUMENT TO OPERATE SATISFACTO	RILY AND WITHIN	
REFUSALS: 0 004: 19	.0509: 0	.1014		OVE	R .19: 0
INDICATE THE NUMBER OF BREATH TES	TS IN THE F	OLLOWING RANG	ES SINCE THE LAST MAINT	ENANCE REP	ORT:
PERFORM R.F.I. TEST			1		
TEST 1: 0.099	TEST 2: 0.0	99	TEST 3: 0,100)	
0.08% STANDARD - MUST READ0.04% STANDARD - MUST READ					
□ CALIBRATION CHECK - (ONLY ONE ST Run three tests using a standard. All three to of .005 or less. Mark the box corresponding □ 0.10% STANDARD - MUST READ	g to the standa BETWEEN 0	ard being used. .095% AND 0.105%	6 INCLUSIVE	pread	
☐ SIMULATOR TEMP (34°C ± 0.2°C)		SIMULATOR SN	SIMULATOR EX		
STANDARD SUPPLIER AIRGAS		LOT# AG931	104 EXP. DAT	E 11/07/202	1
☐ SIMULATOR STANDARD		⊠ com	PRESSED ETHANOL-GAS MIX	XTURE	
BREATH ANALYZER ACCURACY STANDA	RDS				
☑ PUMP		77.73 A.M.	RNAL STANDARD		
☑ BREATH TUBE 46.9°C		☑ FILT			
☑ SAMPLE CHAMBER 48.7°C		☑ FILT	A AND STORY		
☑ PROGRAM		☑ FILT			
DATE AND TIME06/15/2020 01:15:23		☑ DET	ECTOR		
☑ DIAGNOSTIC RECORD	st be corrected	a before using institu	iment.		
CHECKLIST: Place a mark in the box by each values where determined). Unmarked items must	item if found to	be satisfactory or i	s operating within established lim	nits. (Write in ob	served
Highway Patrol Service Center, S. Grand	. Carthage		TIME OF INSPECTIO 01:15:21	N	
LOCATION OF INSTRUMENT (STREET AND CITY)	ate Highway I	Patrol	06/15/2020		
500081 Missouri Sta					
Retain the original and send a copy within 15 da INTOX DMT SN S00081 NAME OF AGENCY Missouri Sta					
INTOX DMT SN NAME OF AGENCY 500081 Missouri Sta	s serviced or re	paired and whenev	er it is placed into service.		



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: 9-Nov-2019

Concentration

393.0 ppm

Lot # AG931104 Model 108cacd

RGM Serial No.

EB0010603

Exp. Date

Cyl. Type

Component

Certified Concentration

7-Nov-2021

108

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

Balance

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

392.1 ppm
259.8 ppm
208.0 ppm
103.6 ppm
52.12 ppm

9.8 ppm	EB0010559	258.2 ppm
8.0 ppm	EB0010595	208.3 ppm
3.6 ppm	EB0010562	104.2 ppm
2.12 ppm	EB0010579	52.81 ppm
oncentration	CRM Serial No.	Concentrat

CRM Serial No.	Concentration	
CC434668	800.0 ppm	
CC234503	253.0 ppm	

CRM Serial No.	Concentration	
0056649	390.1 ppm	
0056662	150.2 ppm	

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2019.11.11 10:42:10 -06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

ISO 17025:2005 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



LAB-4 (R6-10)

PERMIT TYPE II

JEFFERY L PREWITT

is hereby authorized to instruct and supe and operate the following breath analyzer	
	INTOX DMT
for the determination of the alcoholic conte 577.020 through 577.041, RSMo and 306	at of blood from a sample of expired air. Permit issued under the provisions of sections 111 through 306.119 RSMo.
DATE12/23/2019	want
NUMBER 290298	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 12/23/2021	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND 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

Operator Permit No

PREWITT, JEFFERY

290298 Date Issued 12/23/2019

Date Expires 12/23/2021

