### RECEIVED

By Tracy Crews at 9:56 am, Jun 03, 2020



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

#### INTOX DMT MAINTENANCE REPORT

REPORT #1

INTOX DIVITIV	MINIENANCE RE	FORT					
Complete this report at the time Complete this report whenever to Retain the original and send a co	he instrument is service	d or repaired and	whenever it is placed in				
INTOX DMT SN 500113	NAME OF AGENCY  Missouri State High	nway Patrol		DATE OF INSPECTION 05/17/2020			
LOCATION OF INSTRUMENT (STREET AND O Dent Co. Jail, 112 E. 5th St	. Salem			TIME OF INSPECTION 09:19:40			
CHECKLIST: Place a mark in the values where determined). Unm	ne box by each item if for arked items must be co	ound to be satisfactive using the contraction of th	tory or is operating wit	thin established limits. (Write	e in observed		
values where determined). Unmarked items must be corrected before using instrument.  DIAGNOSTIC RECORD							
DATE AND TIME 05/17/2020 09:19:42   DETECTOR							
☑ PROGRAM							
SAMPLE CHAMBER 4	8.8°C	Σ	FILTER 2				
☑ BREATH TUBE 47.1°	C	Б	FILTER 3				
☑ PUMP		D	INTERNAL STAND	DARD			
BREATH ANALYZER ACCUR	ACY STANDARDS						
☐ SIMULATOR STANDA	RD.	2	COMPRESSED E	THANOL-GAS MIXTURE			
STANDARD SUPPLIER IN	ITOXIMETERS	LOT#	AG815503	EXP. DATE <u>06/0</u>	4/2020		
SIMULATOR TEMP (34°C ±	± 0.2°C)	SIMULAT	OR SN	SIMULATOR EXP DATE			
of .005 or less. Mark the bo ☑ 0.10% STANDARD ☐ 0.08% STANDARD ☐ 0.04% STANDARD	- MUST READ BETW - MUST READ BETW	EEN 0.095% AND EEN 0.076% AND	0.105% INCLUSIVE 0.084% INCLUSIVE				
TEST 1: 0.096	TEST	2: 0.096		TEST 3: 0.096			
☑ PERFORM R.F.I. TEST							
INDICATE THE NUMBER OF	BREATH TESTS IN 3	THE FOLLOWING	RANGES SINCE T	HE LAST MAINTENANC	E REPORT:		
REFUSALS: 0 004: 0			.1014: 2	.1519: 0	OVER .19: 0		
LIST ANY NEW PARTS AND DESCRIBE ANY ESTABLISHED LIMITS (USE OTHER SIDE IF	ALTERATION OR MODIFICATIONECESSARY)	N THAT WAS MADE TO F	ESTORE THE INSTRUMENT TO	O OPERATE SATISFACTORILY AND V	VITHIN		
SIGNATURE KD Wilm			KYLE D WILMONT				
TYPE II PERMIT NUMBER 200072		EXPIRATION DATE 01/22/2022	TELEPHONE NU 573-368-	-2345			
RETURN COMPLETED REPORT TO THE  Breath Alcohol Program, MO Department of Health and Senior Services Southeast District Office 2875 James Blvd, Poplar Bluff, MO 63901							



Airgas USA LLC (LAB) 3506 Bernard Street St Laus Mr. 63103 Ph. (314) 533-7328

## **Certificate of Analysis**

Customer Name Exclusive Supplier Intoximeters, Inc 2081 Craig Road St Louis Mo 63146 Test Date: 4-Jun-2018

#### Lot # AG815503 Model 108cacd

Exp. Oate 4-Jun-2020	Cyl. Type 108	Companent Ethanol Nikrogen	Certified Concentration 0 100 ± 2% BrAC (260 ppm)
		Nerogen	Balance

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

Senal No.	Concentration 391.8 ppm 259.8 ppm 289.0 ppm 103.7 ppm 52 22 ppm	Serial No.	<u>Cpncentration</u>
EB0010581		E80010503	392.5 ppm
EB0010570		E80010559	258.9 ppm
EB0010285		E80010555	208.9 ppm
EB0010561		E80010552	104.9 ppm
EB0010681		E80010579	52.94 ppm

Analytical Method:

NDIR

Three Pitts to be 1855 for each Printed Dispose residence bed fair an area and a se a commer - Linguis USA ELC House

Approved for Release:

ISO 17025:2005 A2LA accredited. Certificate Number 3092,06

Page 1 of 1



# STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# PERMIT TYPE II KYLE D WILMONT

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 1/22/2020

NUMBER 200072

EXPIRES 1/22/2022

MEDICAL TRACES

DIRECTOR OF STATE PUBLIC HEALT (LABORATORY

DIRECTOR OF DEPARTMENT OF TEALT TAND SENIOR SERVICES

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