By Tracy Crews at 9:26 am, Mar 10, 2021



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 m Complete this report whenever the instrument is Retain the original and send a copy within 15 da	serviced or repaired and whe	never it is placed into		
INTOX DMT SN NAME OF AGENCY 500081 Missouri State Highway Patrol			DATE OF INSPECTION 03/07/2021	
LOCATION OF INSTRUMENT (STREET AND CITY) Highway Patrol Service Center, S. Grand, Carthage			TIME OF INSPECTION 07:40:59	
CHECKLIST: Place a mark in the box by each values where determined). Unmarked items mu	item if found to be satisfactory st be corrected before using in	or is operating withir strument.	established limits. (V	Vrite in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>03/07/2021 07:41:01</u> ☑ DETECTOR				
☑ PROGRAM ☑ FILTER 1				
SAMPLE CHAMBER 48.7°C ☐ ☐ FILTER 2				
☑ BREATH TUBE 45.6°C ☑ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE				
STANDARD SUPPLIER INTOXIMETER	LOT# AGS	31104	EXP. DATE11	1/07/2021
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SI	M. NIST EXP DATE	
 □ 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. □ 0.08% STANDARD - MUST READ. □ 0.04% STANDARD - MUST READ. 	g to the standard being used. BETWEEN 0.095% AND 0.1 BETWEEN 0.076% AND 0.0	05% INCLUSIVE 84% 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 OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
REFUSALS: 0 004: 5	.0509: 0	14: 2	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	DIFICATION THAT WAS MADE TO RESTO	RE THE INSTRUMENT TO O	PERATE SATISFACTORILY AN	ID WITHIN
INSPECTING OFFICER				
SIGNATURE		T FULL NAME		
TYPE II PERMIT NUMBER LITTLE	JEXPIRATION DATE	TELEPHONE NUMBI		
290298	12/23/2021	417-895-68		
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: 9-Nov-2019

Lot # AG931104 Model 108cacd

Exp. Date 7-Nov-2021 Cyl. Type 108

Component Ethanol

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Nitrogen

Balance

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

Concentration RGM Serial No. 392.1 ppm EB0010581 259.8 ppm EB0010570 208.0 ppm EB0010285 103.6 ppm EB0010561 52.12 ppm EB0010681

CRM Serial No. Concentration 800.0 ppm CC434668 253.0 ppm CC234503

Concentration RGM Serial No. EB0010603 393.0 ppm 258.2 ppm EB0010559 EB0010595 208.3 ppm EB0010562 104.2 ppm 52.81 ppm EB0010579

Concentration CRM Serial No. 390.1 ppm 0056649 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



MO 580-0771 (6-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT

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):

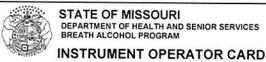
INTOX DMT

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.

DATE12/23/2019	when		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 290298			
EXPIRES 12/23/2021	for Ulliani		

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired ai in Missouri.

Operator PREWITT, JEFFERY

Permit No 290298

Date Issued 12/23/2019 Date Expires 12/23/2021

