

**RECEIVED**

By Tracy Crews at 2:52 pm, Feb 05, 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 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 <b>500082</b>	NAME OF AGENCY <b>Missouri State Highway Patrol</b>	DATE OF INSPECTION <b>02/02/2021</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>Jefferson Co. No #34 Dillon Plz., High Ridge</b>		TIME OF INSPECTION <b>08:18:52</b>

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>02/02/2021 08:18:54</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>48.1°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>AG905201</u>	EXP. DATE <u>02/21/2021</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: <b>0.098</b>	TEST 2: <b>0.098</b>	TEST 3: <b>0.098</b>
----------------------	----------------------	----------------------

<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: 0	.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)

adjusted time to current

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME <b>JESSE D PROCKNOW</b>
---------------	--

TYPE II PERMIT NUMBER <b>200011</b>	EXPIRATION DATE <b>01/03/2022</b>	TELEPHONE NUMBER <b>636-300-2800</b>
--	--------------------------------------	---

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



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 1/3/2020

NUMBER 200011

EXPIRES 1/3/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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** 200011  
**Date Issued** 1/3/2020    **Date Expires** 1/3/2022





**RECEIVED**  
By Tracy Crews at 3:23 pm, Dec 03, 2019

**APPROVED**  
By Stephen Wilson at 10:14 am, Dec 05, 2019



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

**APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS**

THIS APPLICATION IS FOR  
 NEW PERMIT     RENEWAL  
 CURRENT PERMIT NUMBER AND EXPIRATION DATE  
 280249 08/24/2020

PRINT FULL NAME  
 JESSE DAVID PROCKNOW  
 TITLE  
 TROOPER  
 AGE  
 38

A disclosure concerning your SSN number is available at:  
<http://www.health.mo.gov/lab/breathalcohol/>

DEPARTMENT OR TROOP  
 MISSOURI STATE HIGHWAY PATROL, TROOP C  
 TELEPHONE  
 (636) 300-2800

BUSINESS ADDRESS (STREET CITY STATE ZIP CODE)  
 891 TECHNOLOGY DRIVE, WELDON SPRING, MO 63304

EMAIL ADDRESS  
 JESSE.PROCKNOW@MSHP.DPS.MO.GOV

**LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS**  
 (Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A CHECKMARK IN THIS COLUMN FOR EACH YEAR REQUESTED	NAME OF INSTRUCTOR
MAY 2017	MSHP ACADEMY, TYPE III	31	INTOX DMT	<input checked="" type="checkbox"/>	C. J. DAY
AUG 2018	MSHP ACADEMY	32	TYPE II SUPERVISOR	<input checked="" type="checkbox"/>	R. HUTTON
AUG 2018	MSHP ACADEMY	8	INTOX DMT TYPE II	<input checked="" type="checkbox"/>	CLEVELAN
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. INTOX DMT	19 <b>OK SGW</b>	12 <b>OK SGW</b>
2.		
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT:  DATE: 11/06/2020

**RETURN COMPLETED APPLICATION TO THE:** Breath Alcohol Program, Missouri Department of Health and Senior Services  
 Southeast District Office  
 2875 James Blvd.  
 Poplar Bluff, MO 63901