REVIEWED

By Tracy Crews at 9:36 am, Dec 06, 2021



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report wh	he time of the regular mo enever the instrument is s end a copy within 15 day	serviced or repaired and v	vhenever it is placed			
INTOX DMT SN 500184	NAME OF AGENCY Missouri State	e Highway Patrol		12/01/2021		
LOCATION OF INSTRUMENT (STE Ozark County Jail, 18	REET AND CITY) 818CRD. 806, Gaines\	ville, MO		TIME OF INSPECTION 06:25:56		
CHECKLIST: Place a n	nark in the box by each ite d). Unmarked items must	em if found to be satisfact t be corrected before usin	tory or is operating v g instrument.	within established limits. (Write in observed	
☑ DIAGNOSTIC REC	CORD					
DATE AND TIME	12/01/2021 06:25:58		DETECTOR			
☑ PROGRAM			☐ FILTER 1			
☐ SAMPLE CHAMBER 48.8°C			☑ FILTER 2			
☑ BREATH TUBE	48.1°C		FILTER 3			
☑ PUMP		Σ	INTERNAL STA	NDARD		
BREATH ANALYZER	ACCURACY STANDAR	RDS				
☐ SIMULATOR S	☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE				RE	
☑ STANDARD SUPP	LIER INTOXIMETERS	LOT#_/	AG004403	EXP. DATE	02/13/2022	
☐ SIMULATOR TEMP	(34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE		
of .005 or less. Ma ☑ 0.10% STA ☐ 0.08% STA	ECK - (ONLY ONE STA ng a standard. All three te rk the box corresponding NDARD - MUST READ NDARD - MUST READ	to the standard being us BETWEEN 0.095% AND BETWEEN 0.076% AND	ed.) 0.105% INCLUSIV) 0.084% INCLUSIV	/E /E	i	
TEST 1: 0.099		TEST 2: 0.099		TEST 3: 0.099		
☑ PERFORM R.F.I. T	EST					
INDICATE THE NUME	BER OF BREATH TEST	S IN THE FOLLOWING	RANGES SINCE	THE LAST MAINTENA	NCE REPORT:	
REFUSALS: 0	004: 9	.0509: 1	.1014: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DES ESTABLISHED LIMITS (USE OTH	SCRIBE ANY ALTERATION OR MOD IER SIDE IF NECESSARY)	DIFICATION THAT WAS MADE TO R	ESTORE THE INSTRUMEN	T TO OPERATE SATISFACTORILY	AND WITHIN	
INSPECTING OFFICE	ER	X	PRINT FULL NAME CHARLEY A H	OGUE	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TYPE II PERMIT NUMBER 200035		expiration date 01/07/2022		9-3121		
IRETURN COMPLETE	D REPORT TO THE	Brooth Alcohol Brogram	Missouri Departmen	nt of Health and Senior S	ervices	

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: 17-Feb-2020

Lot # AG004403 Model 108cacd

Exp. Date 13-Feb-2022 Cyl. Type 108

Component Ethanol Nitrogen

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Balance

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

RGM Serial No. EB0010581 EB0010570 EB0010285 EB0010561 EB0010681	Concentration 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm	RGM Serial No. EB0010603 EB0010559 EB0010595 EB0010562 EB0010579	Concentration 393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2020.02.18 10:32:01 -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



PERMIT TYPE II

CHARLEY A HOGUE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repair

and operate the following breath analyzer(s):	reportations, training morrations, inspect, calibrate, perform field service and repa
	INTOX DMT
for the determination of the alcoholic content of 577.020 through 577.041, RSMo and 306.111	blood from a sample of expired air. Permit issued under the provisions of section through 306.119 RSMo.
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DATE	1/7/2020
NUMBER	200035
EXPIRES	1/7/2022

MO 580-0771 (6-10)

DIRECTOR OF STATE PHONE WITH AND A

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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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 HOGUE, CHARLEY

Permit No 200035

Date Issued 1/7/2020 Date Expires 1/7/2022

