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By Tracy Crews at 3:26 pm, Aug 01, 2022



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 500114	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 07/27/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 342 U.S. Highway 61, New Madrid, MO		TIME OF INSPECTION 14:08:46

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>07/27/2022 14:08:48</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>47.9°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>AG102002</u>	EXP. DATE <u>01/20/2023</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: 0.099	TEST 2: 0.099	TEST 3: 0.098
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST
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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: 1	.15-.19: 4	OVER .19: 0
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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)


INSPECTING OFFICER

SIGNATURE <i>Dylan L. DeJournett</i>	PRINT FULL NAME DYLAN L DEJOURNETT	
TYPE II PERMIT NUMBER 210279	EXPIRATION DATE 12/07/2023	TELEPHONE NUMBER 573-840-9500

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:** 21-Jan-2021

**Lot # AG102002 Model 108cadd**

**Exp. Date**  
 20-Jan-2023

**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.**  
 CC727481  
 CC727496

**Concentration**  
 800.0 ppm  
 253.0 ppm

**CRM Serial No.**  
 CC727493  
 CC727498

**Concentration**  
 390.0 ppm  
 150.0 ppm

**Analytical Method:**

NDIR

Digitally signed by Quality Control  
 Date: 2021.01.27 14:59:44 -06 00  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)

Approved for Release:

*Rod Marsala*  
 \_\_\_\_\_  
 Rod Marsala

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

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**PERMIT**  
**TYPE II**  
**DYLAN L. DEJOURNETT**

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 12/7/2021

*Laura P. Nag*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210279

*Donald S. Kamm*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 12/7/2023

MO 580-0771 (6-10)

LAB-4 (R6-10)



**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** DEJOURNETT, DYLAN  
**Permit No** 210279  
**Date Issued** 12/7/2021    **Date Expires** 12/7/2023

