By Tracy Crews at 8:10 am, Apr 13, 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 monthl Complete this report whenever the instrument is servi Retain the original and send a copy within 15 days to	iced or repaired and w	henever it is placed in			
INTOX DMT SN NAME OF AGENCY 500123 Missouri State H	ighway Patrol		04/02/2022		
LOCATION OF INSTRUMENT (STREET AND CITY) HWY 254, HERMITAGE			TIME OF INSPECTION 08:31:07		
CHECKLIST: Place a mark in the box by each item i values where determined). Unmarked items must be	if found to be satisfacte corrected before using	ory or is operating wit g instrument.	hin established limits. (\	Write in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME 04/02/2022 08:31:10					
☑ PROGRAM ☑ FILTER 1					
SAMPLE CHAMBER 48.7°C					
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐					
☐ PUMP ☐ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDARDS					
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE					
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#_A	G125601	EXP. DATE 0	09/13/2023	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE		
 □ CALIBRATION CHECK - (ONLY ONE STAND Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to the .005 or less. Mark the box corresponding to the .005 or less. Mark the box corresponding to the .005 or less. Mark the box corresponding to the .005 or less. Mark the box corresponding to the .005 or less. Mark the box corresponding to the .005 or .005	he standard being use WEEN 0.095% AND WEEN 0.076% AND	d. 0.105% INCLUSIVE 0.084% INCLUSIVE	nd must have a spread		
TEST 1: 0.100 TES	ST 2: 0.100	TEST 3: 0.100			
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS IN	N THE FOLLOWING	RANGES SINCE TI	HE LAST MAINTENA	NCE REPORT:	
REFUSALS: 0 004: 0 .05	09: 0	1014: 0	.1519: 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) Standard change					
INSPECTING OFFICER SIGNATURE	F	PRINT FULL NAME JOSHUA L WHITE			
TYPE II PERMIT NUMBER 220011	EXPIRATION DATE 01/11/2024	TELEPHONE NUM	MBER		
DETURN COMPLETED DEDORT TO THE		417-895-6			
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: 13-Sep-2021

Lot # AG125601 Model 108

Exp Date 13-Sep-2023 Cyl. Type 108 Component Ethanol Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Nitrogen

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

CRM Serial No. Concentration
CC434668 800.0 ppm
CC234503 253.0 ppm

CRM Serial No. 0056649 0056662 Concentration 390.1 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control Reason.Dry gas standard certification of analysis Location Airgas USA LLC (Lab) Date.09.14.2021 18:36

Approved for Release:

Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07

STANDARD CHANGE

Missouri State Highway Patrol

INTOX dmt: 500123

Date: 04/02/2022 Time: 08:27:50

OPERATOR NAME: JOSHUA L WHITE

PERMIT NUMBER: 220011

EXPIRATION DATE: 01/11/2024

LOT #: AG125601

SUPPLIER: INTOXIMETERS EXPIRATION: 09/13/2023 SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION CONCENTRATION: 0.100 TARGET: 0.097

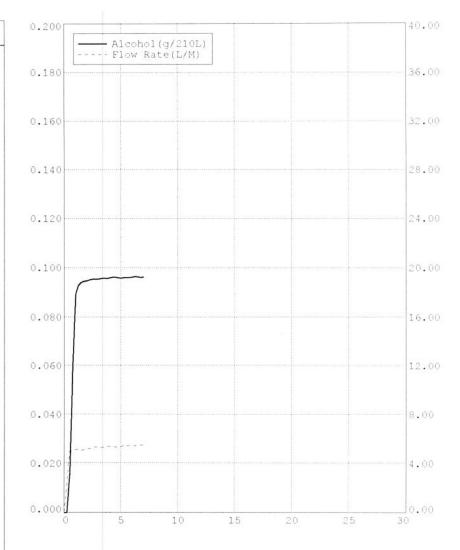
BLANK TEST INTERNAL STANDARD

EXTERNAL STANDARD

0.000 08:28 VERIFIED 08:28 0.097 08:29 0.000 08:30

Average = 0.0970 Std Dev = 0.0000 Spread = 0.0000

BLANK TEST



golf whit



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT

JOSHUA L. WHITE

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 1/11/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

EXPIRES 1/11/2024

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 air in Missouri.

Operator WHITE, JOSHUA

Permit No 220011

Date Issued 1/11/2022 Date Expires 1/11/2024

