By Tracy Crews at 8:29 am, Nov 14, 2022



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

0	-641-		1.7	05		
Complete this report at the time Complete this report whenever t Retain the original and send a co	he instrument is serviced or	repaired and whenever	r it is placed into s			
NTOX DMT SN S00149 NAME OF AGENCY Missouri State Highway Patrol				DATE OF INSPECTION 11/11/2022		
LOCATION OF INSTRUMENT (STREET AND CITY) TROOP A SPARE				TIME OF INSPECTION 16:55:13		
CHECKLIST: Place a mark in the values where determined). Unm	ne box by each item if found arked items must be correc	d to be satisfactory or is ted before using instrun	operating within e	established limits.	. (Write in observed	
☑ DIAGNOSTIC RECORD						
DATE AND TIME 11/11/2022 16:55:16						
☑ PROGRAM ☑			I FILTER 1			
☐ SAMPLE CHAMBER 48.8°C ☐ ☐ FILTER 2						
☑ BREATH TUBE 42.7°C ☑ FILTER 3						
☑ PUMP ☑ INTERNAL STANDARD						
BREATH ANALYZER ACCURACY STANDARDS						
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE						
☑ STANDARD SUPPLIER IN	ITOXIMETERS	LOT#_AG1251	01	EXP. DATE	09/08/2023	
☐ SIMULATOR TEMP (34°C :	± 0.2°C)	SIM. SN	SIM	. NIST EXP DAT	TE	
 □ 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. □ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE □ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE 						
TEST 1: 0.101 TEST 2: 0.099			TEST 3: 0.100			
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS: 0 004: 0	.0509: 0	.1014:	0 .1	1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ESTABLISHED LIMITS (USE OTHER SIDE IF		AT WAS MADE TO RESTORE THE	EINSTRUMENT TO OPEI	RATE SATISFACTORIL	Y AND WITHIN	
INSPECTING OFFICER						
INSPECTING OFFICER SIGNATURE PRINT FULL NAME						
ttan 04 11 L		JAYSO	ON R HASTING	S		
220245		RATION DATE 0/12/2024	TELEPHONE NUMBER			
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: 8-Sep-2021

Lot # AG125101 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

8-Sep-2023

108

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

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

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

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

CRM Serial No. CC434668

Concentration 800.0 ppm

CRM Serial No.

Concentration

CC234503

253.0 ppm

0056649 0056662

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: 09.09.2021 14:28

Approved for Release:

Rod Marsala

ISO 17025:2017 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



LAB-4 (R6-10)

PERMIT TYPE II

R. JAYSON HASTINGS

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 10/12/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

EXPIRES 10/12/2024

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 all in Missouri.

Operator

HASTINGS, R. JAYSON

Permit No 220245

Date Issued 10/12/2022 Date Expires 10/12/2024

