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By Tracy Crews at 8:18 am, Sep 03, 2024



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 Complete this report whenever t Retain the original and send a co	he instrument is serviced	or repaired and wi	nenever it is placed in	eed 35 days). nto service.		
INTOX DMT SN 500049	NAME OF AGENCY Missouri State Highway Patrol			DATE OF INSPECTION 09/01/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) 107 SOUTH 11, LEXINGTON, MO				TIME OF INSPECTION 17:23:05		
CHECKLIST: Place a mark in the values where determined). Unm	ne box by each item if for arked items must be cor	und to be satisfactorected before using	ry or is operating wit instrument.	hin established limits. (V	Vrite in observed	
☑ DIAGNOSTIC RECORD						
DATE AND TIME <u>09/01/2024 17:23:07</u> ☑ DETECTOR						
☑ PROGRAM	☑ FILTER 1					
☑ SAMPLE CHAMBER 48.8°C ☑ FILTER 2						
☐ BREATH TUBE 48.1°C ☐ ☐ FILTER 3						
☑ PUMP	UMP ☐ INTERNAL STANDARD					
BREATH ANALYZER ACCUR	ACY STANDARDS					
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE						
STANDARD SUPPLIER IN	ITOXIMETERS	LOT#_A	G335303	EXP. DATE	2/19/2025	
☐ SIMULATOR TEMP (34°C :	± 0.2°C)	SIM. SN		SIM. NIST EXP DATE		
 □ 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: 0.100 TEST 2: 0.099		2: 0.099	TEST 3: 0.099			
☑ 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	9: 0	1014: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ESTABLISHED LIMITS (USE OTHER SIDE IF Time Sync to 848HP MCD- WITHII	NECESSARY)	THAT WAS MADE TO RE	STORE THE INSTRUMENT T	O OPERATE SATISFACTORILY AI	ND WITHIN	
INSPECTING OFFICER						
SIGNATURE have before	PRINT FULL NAME JERRY W H			ER		
TYPE II PERMIT NUMBER 240149		07/09/2026	TELEPHONE NU 816-622-			
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

Test Date: 19-Dec-2023

Customer Name
Exclusive Supplier
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Lot # AG335303 Model 108

Exp Date 19-Dec-2025

Cyl. Type 108

Component Ethanol

Nitrogen

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

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

RGM Serial No. Concentration RGM Serial No. Concentration EB0010581 391.8 ppm EB0010603 EB0010570 392.5 ppm 259.8 ppm EB0010559 EB0010285 258.9 ppm 209.0 ppm EB0010562 104.2 ppm EB0010561 103.7 ppm EB0010579 52.94 ppm EB0010681 52.22 ppm

CRM Serial No. CC727481 CC727496

Concentration 799.4 ppm 253.4 ppm

CRM Serial No. CC727493 CC727498

Concentration 389.8 ppm 150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Reason: Dry shis standard certification of analysis Location: Afrigat USA LLC (Lab) Date:12.21.2023 20:20

Approved for Release:

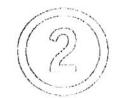
Yusef Woods

ISO 17025:2017 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

JERRY W. HUNTER

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.

M.Je. Massana

DATE 8/3/2022

NUMBER 220191

EXPIRES 8/3/2024

tice 600 0221 (6, 10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Davis J. McDandov

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

1.40 4.405 153



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND BENIOR BERVICES BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named condholder is authorized to operate an evidential breath alcohol instrument for the determination of the elcoholic content in broath form of expired all in Manauri.

Operator Pormit No HUNTER, JERRY

Pormit No 220191 Date leaved 8/3/2022

Data Empireo 8/3/2024

