

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 more Complete this report whenever the instrument is selected the original and send a copy within 15 days	serviced or repaired and w	henever it is placed in			
NAME OF AGENCY 500081 NAME OF AGENCY Missouri State Highway Patrol			DATE OF INSPECTION 06/06/2024		
Highway Patrol Service Center, S. Grand, C	TIME OF INSPECTION 08:34:51				
CHECKLIST: Place a mark in the box by each ite values where determined). Unmarked items must	em if found to be satisfacto be corrected before using	ory or is operating with g instrument.	in established limits. (Writ	e in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME 06/06/2024 08:34:54		DETECTOR			
☑ PROGRAM		FILTER 1			
☐ SAMPLE CHAMBER 48.7°C ☐ FILTER 2					
BREATH TUBE 45.4°C		FILTER 3			
□ PUMP		INTERNAL STANDA	ARD		
BREATH ANALYZER ACCURACY STANDARI	DS				
☐ SIMULATOR STANDARD		COMPRESSED ET	HANOL-GAS MIXTURE		
STANDARD SUPPLIER INTOXIMETERS	LOT#_A	G234103	EXP. DATE 12/0	7/2024	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE		
 ☑ CALIBRATION CHECK - (ONLY ONE STAIR Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to 0.10% STANDARD - MUST READ B ☑ 0.08% STANDARD - MUST READ B ☑ 0.04% STANDARD - MUST READ B 	to the standard being used SETWEEN 0.095% AND (SETWEEN 0.076% AND (d. 0.105% INCLUSIVE 0.084% INCLUSIVE	d must have a spread		
TEST 1: 0.096	TEST 2: 0.097		TEST 3: 0.096		
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS	S IN THE FOLLOWING I	RANGES SINCE TH	E LAST MAINTENANCE	REPORT:	
REFUSALS: 0 004: RECEIVED By Tracy Crews at 7:46 am, Jun 13, 2024	.0509: 0	1014: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIF ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ICATION THAT WAS MADE TO RES	STORE THE INSTRUMENT TO C	OPERATE SATISFACTORILY AND W	VITHIN	
SIGNATURE SIGNATURE TYPE II PERMIT NUMBER		RINT FULL NAME JEFFERY L PREW TELEPHONE NUMB			
230332	12/28/2025	417-895-68			
RETURN COMPLETED REPORT TO THE Bree by	eath Alcohol Program, Mi mail, fax, or email	ssouri Department of	Health and Senior Service	es	



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: 7-Dec-2022

Lot # AG234103 Model 108

Exp Date 7-Dec-2024 Cyl. Type 108 Component

Certified Concentration

 $0.100 \pm 2\%$ BrAC (260 ppm)

Ethanol

Nitrogen

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

RGM Serial No. RGM Serial No. Concentration Concentration 392.5 ppm EB0010581 EB0010603 391.8 ppm EB0010559 258.9 ppm EB0010570 259.8 ppm 104.2 ppm EB0010562 EB0010285 209.0 ppm 103.7 ppm EB0010579 52.94 ppm EB0010561 EB0010681 52.22 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 Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:12.09.2022 17:20

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

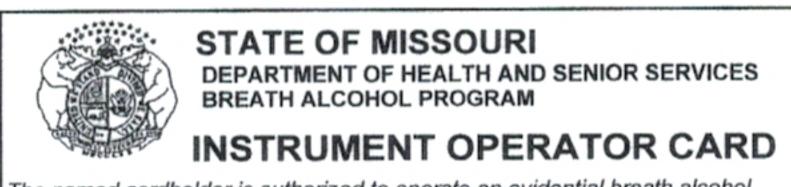


LAB-4 (R6-10)

PERMIT TYPE II

JEFFERY L. PREWITT

	eby authorized to instruct and supervise operators, train operate the following breath analyzer(s):	n instructors, inspect, calibrate, perform field service and repairs	
	INTO	X DMT	
577.0	020 through 577.041, RSMo and 306.111 through 306.119	imple of expired air. Permit issued under the provisions of section 9 RSMo. Mile Massure	
DATE12/28/2023	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUM	BER 230332	Davea I. nichelson	
EXPIRES 12/28/2025	RES 12/28/2025	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES	



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

PREWITT, JEFFERY

Permit No 230332 Date Issued 12/28/2023

Date Expires 12/28/2025

