RECEIVED

By Tracy Crews at 7:46 am, Jun 13, 2024



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

INTOX DMT N	IAINTENANCE REPO	N I			
Complete this report at the time Complete this report whenever t Retain the original and send a c	the instrument is serviced or r	epaired and whenever	r it is placed int	to service.	
INTOX DMT SN 500092				06/10/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) Bollinger County Jail, 202 High St, Marble Hill				TIME OF INSPECTION 21:25:47	
CHECKLIST: Place a mark in t values where determined). Unm	he box by each item if found to	to be satisfactory or is	operating with	in established limits. (\	Write in observed
☑ DIAGNOSTIC RECORD	arred Reme made be comed.				
DATE AND TIME 06/10/2	2024 21:25:51	☑ DETE	CTOR		
☑ PROGRAM	FI 51 750 4				
SAMPLE CHAMBER 48.7°C					
□ BREATH TUBE 47.2°C □ FILTER 3					
□ PUMP □ INTERNAL STANDARD					
BREATH ANALYZER ACCUR	RACY STANDARDS				
☐ SIMULATOR STANDA	☐ SIMULATOR STANDARD		COMPRESSED ETHANOL-GAS MIXTURE		
STANDARD SUPPLIER I	NTOXIMETERS	LOT#_AG335	001	EXP. DATE <u>12/16/2025</u>	
☐ SIMULATOR TEMP (34°C	± 0.2°C)	SIM. SN		SIM. NIST EXP DATE	
of .005 or less. Mark the b ☑ 0.10% STANDARI ☐ 0.08% STANDARI	(ONLY ONE STANDARD IS ndard. All three tests must be ox corresponding to the stand D - MUST READ BETWEEN D - MUST READ BETWEEN D - MUST READ BETWEEN	dard being used. 0.095% AND 0.105% 0.076% AND 0.084%	6 INCLUSIVE		
TEST 1: 0.097 TEST 2: 0.097		Secretary.	TEST 3: 0.097		
□ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF	BREATH TESTS IN THE	FOLLOWING RANG	SES SINCE TH	HE LAST MAINTENA	ANCE REPORT:
REFUSALS: 1 004:		.1014	30	.1519: 0	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE AN ESTABLISHED LIMITS (USE OTHER SIDE IF Completed a standard change and	- NECESSART)	T WAS MADE TO RESTORE T	HE INSTRUMENT TO	OPERATE SATISFACTORILY	AND WITHIN
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER 23.02.79			LL NAME ON M WYAT TELEPHONE NUI 573-840-	MBER	
230278 RETURN COMPLETED REF		hol Program, Missou		of Health and Senior S	ervices

STANDARD CHANGE

Missouri State Highway Patrol

INTOX dmt: 500092

Date: 06/10/2024 Time: 21:21:46

OPERATOR NAME: DYLON M WYATT

PERMIT NUMBER: 230278

EXPIRATION DATE: 11/28/2025

LOT #: AG335001

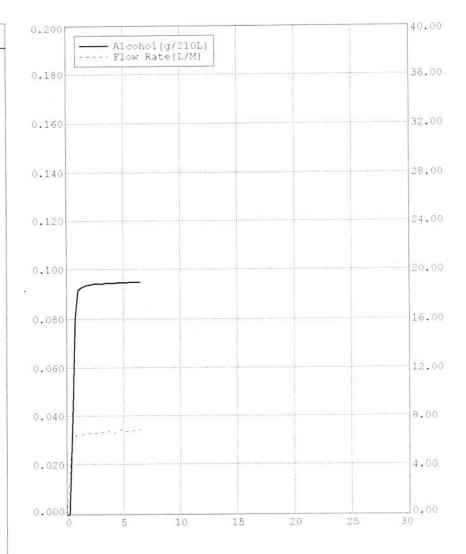
SUPPLIER: INTOXIMETERS EXPIRATION: 12/16/2025 SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION CONCENTRATION: 0.100

TARGET: 0.098

BLANK TEST 0.000 21:22
INTERNAL STANDARD VERIFIED 21:22
EXTERNAL STANDARD 0.095 21:23
BLANK TEST 0.000 21:23

Average = 0.0950 Std Dev = 0.0000 Spread = 0.0000



DINWED



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: 18-Dec-2023

Lot # AG335001 Model 108

Exp Date 16-Dec-2025 Cyl. Type 108

Component Ethanol

Certified Concentration

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 391.8 ppm EB0010570 259.8 ppm EB0010285 209.0 ppm EB0010561 103.7 ppm EB0010681 52.22 ppm

RGM Serial No. Concentration EB0010603 EB0010559 EB0010562 EB0010579

392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

CRM Serial No. CC727481

Concentration 799.4 ppm

CRM Serial No. CC727493

Concentration 389.8 ppm

CC727496

253.4 ppm

CC727498

150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:12.21.2023 19:57

Approved for Release:

Yusef Woods

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 || DYLON WYATT

is hereby authorized to instruct and supervise operat and operate the following breath analyzer(s):	ors, train instructors, inspect, calibrate, perform field service and repairs,			
	NTOX 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. Wike Massure				
DATE11/28/2023	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 230278	Daves J. Nichelson			
EXPIRES 11/28/2025	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 Necesia.

Operator WYATT, DYLON Permit No 230278

Date Issued 11/28/2023 Date Expires 11/28/2025

