RECEIVED

By Tracy Crews at 8:33 am, Dec 09, 2024



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

THIOX DIVIT WIXITETATION	TILL OILL				
Complete this report at the time of the regular mont Complete this report whenever the instrument is se Retain the original and send a copy within 15 days	rviced or repaired and	whenever it is placed			
500092 NAME OF AGENCY Missouri State	Highway Patrol		12/06/2024	4)	
Bollinger County Jail, 202 High St, Marble H	ill		TIME OF INSPECTION 08:34:41		
CHECKLIST: Place a mark in the box by each iten values where determined). Unmarked items must be	n if found to be satisfacted before using	tory or is operating v	within established limits. (W	Vrite in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME 12/06/2024 08:34:44 ☑ DETECTOR					
☑ PROGRAM ☑ FILTER 1					
SAMPLE CHAMBER 48.9°C					
☑ BREATH TUBE 46.3°C ☑ FILTER 3					
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDARDS					
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE					
	LOT#	AG335001	EXP. DATE 12	2/16/2025	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE		
□ CALIBRATION CHECK - (ONLY ONE STAN Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to □ 0.10% STANDARD - MUST READ BE □ 0.08% STANDARD - MUST READ BE □ 0.04% STANDARD - MUST READ BE	the standard being us ETWEEN 0.095% AND ETWEEN 0.076% AND	ed.) 0.105% INCLUSIV) 0.084% INCLUSIV	E E		
TEST 1: 0.097	TEST 2: 0.097		TEST 3: 0.097		
☑ 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	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	CATION THAT WAS MADE TO R	ESTORE THE INSTRUMENT	TO OPERATE SATISFACTORILY AN	ID WITHIN	
INSPECTING OFFICER SIGNATURE //		PRINT FULL NAME			
Dyk wit		DYLON M WYA	TT		
TYPE II PERMIT NUMBER 230278	EXPIRATION DATE 11/28/2025	573-840			
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: 18-Dec-2023

Lot # AG335001 Model 108

Exp Date 16-Dec-2025 Cyl. Type 108 Component

Certified Concentration

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 R EB0010581 391.8 ppm E EB0010570 259.8 ppm E EB0010285 209.0 ppm E EB0010561 103.7 ppm E EB0010681 52.22 ppm

RGM Serial No. Concentration
EB0010603 392.5 ppm
EB0010559 258.9 ppm
EB0010562 104.2 ppm
EB0010579 52.94 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 gas standard certification of analysis Location Argas 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



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM**



PERMIT TYPE II DYLON WYATT

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 exp	pired air. Permit issued under the provisions of sections
577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.	MA 1 100
44 (90 (90 90	Mile Missin

DATE ____11/28/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230278

EXPIRES 11/28/2025

MO 580 0771 (6:10:

Davla I. Nichelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAN 4 485 101



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired at in Missouri.

Operator WYATT, DYLON Permit No 230278

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

