

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 mode Complete this report whenever the instrument is selected the original and send a copy within 15 days.	serviced or repaired and v	vhenever it is plac	exceed 35 day ed into service.	ys).		
NAME OF AGENCY 500129 NAME OF AGENCY Missouri State Highway Patrol				05/31/2024		
204 S. Poplar St, Buffalo, MO 65622				TIME OF INSPECTION 07:44:58		
CHECKLIST: Place a mark in the box by each ite values where determined). Unmarked items must	em if found to be satisfact be corrected before usin	ory or is operating g instrument.	within establis	hed limits. (Write	e in observed	
☑ DIAGNOSTIC RECORD						
DATE AND TIME <u>05/31/2024 07:45:01</u>		DETECTOR				
☑ PROGRAM ☑ FILTER 1						
☐ SAMPLE CHAMBER 48.8°C ☐ FILTER 2						
☑ BREATH TUBE 47.6°C ☑ FILTER 3						
☑ PUMP ☑ INTERNAL STANDARD						
BREATH ANALYZER ACCURACY STANDAR	DS					
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE						
	LOT#_A	G234103	EXI	P. DATE <u>12/07</u>	7/2024	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN_		SIM. NIST	EXP DATE		
 □ CALIBRATION CHECK - (ONLY ONE STAR Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding and the less of .010% STANDARD - MUST READ E □ 0.08% STANDARD - MUST READ E □ 0.04% STANDARD - MUST READ E 	to the standard being use BETWEEN 0.095% AND BETWEEN 0.076% AND	ed. 0.105% INCLUS 0.084% INCLUS	IVE IVE	ve a spread		
TEST 1: 0.098 TEST 2: 0.097		TEST 3: 0.098				
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS: 1 004: 5	.0509: 2	.1014: 2	.1519:	0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODII ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	FICATION THAT WAS MADE TO RE	STORE THE INSTRUME	NT TO OPERATE SA	TISFACTORILY AND W	ITHIN	
INSPECTING OFFICER						
SIGNATURE Gook Robbit		PRINT FULL NAME JOSHUA L WI	HITE			
TYPE II PERMIT NUMBER 230328	EXPIRATION DATE 12/21/2025	TELEPHON 417-8	E NUMBER 95-6868			
	reath Alcohol Program, N y mail, fax, or email	/ //issouri Departme	ent of Health an	d Senior Service	es	



Aires USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fex: (314) 533-7328

Certificate of Analysis

Test Date: 7-Dec-2022

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

> Model 108 Lot # AG234103

Exp Date 7-Dec-2024 108

Component

Ethanol Nitrogen

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

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

ROM Serial No. EB0010581 EB0010570 EB0010285 EB0010561 EB0010681

Concentration 391.8 ppm 250.8 ppm 209.0 ppm 103.7 ppm 52.22 ppm

RGM Serial No. EB0010608 EB0010559 EB0010562 EB0010579

Concentration 392.5 ppm 256.9 ppm 104.2 ppm 52.94 ppm

CRM Serial No.

CC727481 CC727496 Concentration

800.0 ppm 253.0 ppm CRM Serial No.

CC727493 CC727498

Claracon at melicon

390.0 ppm 150.0 ppm

Analytical Method: NDIR

Approved for Release:

Rod Marsala

ISO 17025:2017 AZLA accredited. Certificate Number 3082.06 ISO 17034:2016 AZLA accredited. Certificate Number 3082.07



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT

JOSHUA L. WHITE

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.

Wile Massure

DATE	12/21/2023
NUMBER	230328
EXPIRES	12/21/2025

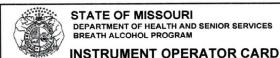
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Davla J. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)



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

Operator WHITE, JOSHUA

Permit No 230328

Date Issued 12/21/2023 Date Expires 12/21/2025

