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By Tracy Crews at 3:31 pm, 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 service	ed or repaired and when	ever it is place			
INTOX DMT SN S00149 NAME OF AGENCY Missouri State Highway Patrol				DATE OF INSPECTION 09/03/2024		
LOCATION OF INSTRUMENT (STREET AND O	CITY)	TIME OF INSPECTION 14:44:43				
CHECKLIST: Place a mark in the values where determined). Unmark	ne box by each item if f arked items must be co	ound to be satisfactory or orrected before using ins	or is operating trument.	within established limits. (Write in observed	
☑ DIAGNOSTIC RECORD						
DATE AND TIME <u>09/03/2024 14:44:45</u> ☑ DETECTOR						
☑ PROGRAM ☑ FILTER 1						
☐ SAMPLE CHAMBER 48.8°C ☐ FILTER 2						
☑ BREATH TUBE 45.6°	<u> </u>	⊠ FIL	TER 3			
☑ PUMP		⊠ IN	TERNAL STA	ANDARD		
BREATH ANALYZER ACCUR	ACY STANDARDS					
☐ SIMULATOR STANDAR	RD	⊠ cc	MPRESSE	ETHANOL-GAS MIXTUR	RE	
STANDARD SUPPLIER IN	ITOXIMETERS	LOT #_ AG23	34103	EXP. DATE _1	2/07/2024	
☐ SIMULATOR TEMP (34°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: 0.096	TEST	72: 0.096	TEST 3: 0.096			
☑ PERFORM R.F.I. TEST	•					
INDICATE THE NUMBER OF	BREATH TESTS IN	THE FOLLOWING RAN	NGES SINCI	THE LAST MAINTENA	NCE REPORT:	
REFUSALS: 0 004: 1	.050	09: 0 .10	14: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ESTABLISHED LIMITS (USE OTHER SIDE IF I	ALTERATION OR MODIFICATION NECESSARY)	IN THAT WAS MADE TO RESTORE	E THE INSTRUMEI	NT TO OPERATE SATISFACTORILY A	IND WITHIN	
INSPECTING OFFICER						
SIGNATURE			FULL NAME			
TYPE II PERMIT NUMBER 220245		JA\ EXPIRATION DATE 10/12/2024	YSON R HA			
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: 7-Dec-2022

Lot # AG234103 Model 108

Exp Date 7-Dec-2024 Cyl. Type 108

Component Ethanol

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Nitrogen

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	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

CRM Serial No. Concentration CC727481

800.0 ppm 253.0 ppm

CRM Serial No. CC727493 CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

CC727496

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



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

R. JAYSON HASTINGS

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 ex	xpired air. Permit issued under the provisions of section
577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.	$M\Omega = M\Omega$
DATE10/12/2022	Mike Massur
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 220245	Daves J. Nichelson
EXPIRES 10/12/2024	<u> </u>
DII	RECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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

Operator HASTINGS, R. JAYSON

Permit No 220245

Date Issued 10/12/2022 Date Expires 10/12/2024

