By Tracy Crews at 2:02 pm, Oct 30, 2024



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

1110/12/111				
Complete this report at the time of the regular monthly pre Complete this report whenever the instrument is serviced of Retain the original and send a copy within 15 days to the E	or repaired and whenever it is	placed into service.		
INTOX DMT SN NAME OF AGENCY 500149 Missouri State Highw	ay Patrol	DATE OF INSPECTION 10/29/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) Troop A Spare		TIME OF INSPECTION 08:05:56		
CHECKLIST: Place a mark in the box by each item if four values where determined). Unmarked items must be corre	nd to be satisfactory or is operacted before using instrument.	ating within established limits. (Wr	te in observed	
☑ DIAGNOSTIC RECORD				
DATE AND TIME 10/29/2024 08:05:59	☑ DETECTO	२		
☑ PROGRAM	☐ FILTER 1			
☑ SAMPLE CHAMBER 48.9°C	☐ FILTER 2			
☑ BREATH TUBE 46.6°C	☑ FILTER 3			
□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□				
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD		SED ETHANOL-GAS MIXTURE		
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#_AG234103	EXP. DATE 12/	07/2024	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DATE		
 □ CALIBRATION CHECK - (ONLY ONE STANDARD Run three tests using a standard. All three tests must of .005 or less. Mark the box corresponding to the standard. All three tests must of .005 or less. Mark the box corresponding to the standard - MUST READ BETWEEN D.0.08% STANDARD - MUST READ BETWEEN D.0.04% STANDARD - MUST RE	be within ±5% of the standard andard being used. EN 0.095% AND 0.105% INCI EN 0.076% AND 0.084% INCI	usive and must have a spread USIVE USIVE		
TEST 1: 0.097 TEST 2	: 0.096	TEST 3: 0.096		
☑ PERFORM R.F.I. TEST		•		
INDICATE THE NUMBER OF BREATH TESTS IN TH	E FOLLOWING RANGES S	INCE THE LAST MAINTENANG	CE REPORT:	
REFUSALS: 0 004: 5 .0509:	0 .1014: 0	.1519: 0	OVER .19: 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION T ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	THAT WAS MADE TO RESTORE THE INST	RUMENT TO OPERATE SATISFACTORILY AND	WITHIN	
INSPECTING OFFICER				
SIGNATURE HOSTINGS		ER HASTINGS		
240215	10/04/2026	FROME NUMBER		
	cohol Program, Missouri Depa ax, or email	rtment of Health and Senior Servi	ces	



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
 CRM Serial No.
 Concentration

 CC727481
 800.0 ppm
 CC727493
 390.0 ppm

 CC727496
 253.0 ppm
 CC727498
 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



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 577.020 through 577.041, RSMo and 306.111 through	from a sample of expired air. Permit issued under the provisions of section in 306.119 RSMo.
DATE 10/4/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240215	
EXPIRES 10/4/2026	Davla J. Nichelson DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



The named cardholder is authonzed 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 240215

Date Issued 10/4/2024 Date Expires 10/4/2026

