

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

NO. C. A.

REPORT #1

INTOX DMT MAINTENANCE REPORT

Complete this report at the Complete this report who Retain the original and so	never the instrument i	s serviced or repai	red and whenever	it is placed in				
NTOX DMT SN 500252					DATE OF INSPECTION 05/19/2024			
LOCATION OF INSTRUMENT (STREET AND CITY) 101 North Chestnut, Cameron, Missouri 64429					TIME OF INSPECTION 08:38:16			
CHECKLIST: Place a m	ark in the box by each). Unmarked items mu	item if found to be ust be corrected be	e satisfactory or is efore using instrum	operating wit	hin established limits.	(Write in observed		
☑ DIAGNOSTIC REC	ORD							
DATE AND TIME_	05/19/2024 08:38:18	3_	☑ DETE	☑ DETECTOR				
☐ PROGRAM				☑ FILTER 1				
☑ SAMPLE CHAMBER 48.7°C				R 2				
	48.1°C			₹ 3				
—————————————————————————————————————		_		NAL STANE	ARD			
BREATH ANALYZER A	CCURACY STANDA	\RDS		•				
☐ SIMULATOR ST	ANDARD			☑ COMPRESSED ETHANOL-GAS MIXTURE				
STANDARD SUPPL	IER_INTOXIMETER	<u> </u>	_OT#_AG31090	01	EXP. DATE_	04/19/2025		
☐ SIMULATOR TEMP	(34°C ± 0.2°C)	s	iM. SN		SIM. NIST EXP DAT	E		
☑ 0.08% STAI	NDARD - MUST REAI NDARD - MUST REAI NDARD - MUST REAI	D BETWEEN 0.07	6% AND 0.084%	INCLUSIVE				
TEST 1: 0.080		TEST 2: 0.080	,	TEST 3: 0.080				
☑ PERFORM R.F.I. TE	ST	. 1.			<u>.</u>			
INDICATE THE NUMB	ER OF BREATH TES	STS IN THE FOLI	OWING RANGE	S SINCE T	HE LAST MAINTEN	IANCE REPORT:		
	 004: 0	.0509: 0	.1014: (.1519: 0	OVER .19: 0		
LIST ANY NEW PARTS AND DESC ESTABLISHED LIMITS (USE OTHE	RIBE ANY ALTERATION OR M R SIDE IF NECESSARY)	ODIFICATION THAT WAS	MADE TO RESTORE THE	INSTRUMENT TO	OPERATE SATISFACTORIL	Y AND WITHIN		
INSPECTING OFFICE	700		PRINT FULL	NAME S C PROCT	OR.			
TYPE II PERMIT NUMBER		EXPIRATION	DATE	TELEPHONE NU	VBER			
230062 04/02/2025				816-632-6521				
RETURN COMPLETE	KEPOKT TO THE	Breath Alcohol P	rogram, Missouri (Department o	f Health and Senior S	Services		

by mail, fax, or email

rdas.

Airgas USA LLC (LAB) 3500 Bernard Street St Louis, Ma. 63703 Ph; (314) 533-310D Fax: (314) 533-732B

Certificate of Analysis

Customer Name Exclusive Supplier Test Date: 20-Apr-2023

Impaineters, Inc.

2081-Craig-Read

St. Lauis, Mo 63146

Lot # AG310901 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

19-Apr-2025

10B

Ethanol Nibagen 0.080 ± 0.002 BrAC (208 ppm)

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

RGM Serial No. Concentration EB0010581 391.8 ppm EB0010570 250 B ppm EBOU10285 209.0 ppm EBD010561 103.7 ppm

RGM Serial No. EB0010603

Concentration 392.5 ppm 258.9 ppm

EB0010559 EB0010562

104.2 ppm

EBOD10681

52.22 ppm

EB0010579

52.94 ppm

CRM Serial No.

CC727481 CC727496

Concentration

800.0 ppm 253.0 ppm CRM Serial No.

Concentration

CC727453 CC72749B 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Approved for Release:

Rod Marsala

ISO 17025;2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 AZLA accredited. Certificate Number 3082.07



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BLOOD ALCOHOL TEST REPORT - INTOX DMT

FORM #11

WEST STATE OF THE		12:	T		D THE OF TEST			
LOCATION OF INSTRUMENT 101 North Chestnut, Cameron, Missouri	INSTRUMENT SERIAL NUMBER 500252	05/19/2024	08:12	RVATION PERIOD STARTE	D TIME OF TEST 08:47:54			
SUBJECT NAME MONTHLY TEST				01/01/1973				
SUBJECT DRIVER'S LICENSE NUMBER				STATE				
05172025			МО					
ARRESTING OFFICER JAMES C PROCTOR		ARRESTING OFFICER ID 107						
OPERATOR		OPERATOR PERMIT PERMIT EXP DATE						
JAMES C PROCTOR		230062		04/02/2025				
OBSERVER JAMES C PROCTOR	OBSERVER PERMIT 230062		PERMIT EXP DATE 04/02/2025					
OPERATIONAL CHECKLIST: INTOX DMT								
 Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. Subject observed for at least 15 minutes by JAMES C PROCTOR No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period. 								
3. Assure that the power switch is ON								
☑ 4. Press the Run button on the display		-						
∑ 5. Enter subject and officer information								
∑ 6. When display reads "Please Blow" a		t mouthpiece and t	ake the sub	ject's breath sample.				
SUBJECT TEST RESULTS								
BLANK TEST INTERNAL STANDARD VE. SUBJECT SAMPLE (Vol=2.33L) BLANK TEST	0.000 08:48 RIFIED 08:48 0.000 08:49 0.000 08:50	Alcohol(g Flow Rate	(L/M)					
COMMENTS								
CERTIFICATION BY OPERATOR BAC								
As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:								
CONTROL THE CONTROL TO A STATE OF THE CONTRO	VOCAN SPECIAL DESCRIPTION ▼ 1500 DESCRIPTION 12							
To the best of my knowledge the instrument was functioning properly.								
Z 2. To the best of my knowledge the instrument was functioning properly.Z 3. I am authorized to operate the instrument.								
SIGNATURE OF OPERATOR	arrort.	DATE	ΔΤΕ					
DIGNATURE OF OPERATOR A	05/19/2024	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
WITNESS (IF ANY)	DATE 05/19/2024							
MO 580 2003 (6.10)	AN COURT OPPORTUNITY/AE	EIDMATINE ACTION EN	MATIVE ACTION EMPLOYER LAB-165					



EXPIRES 4/2/2025

OUT 500-0771 (E-10):

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENDINGES.
BREATH ALCOHOL PROGRAM.



PERMIT

TYPE !

JAMES C. PROCTOR

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate in proving business and repairs, and operate in the holicowing business and repairs, and operate in the following business and repairs, and operate in the following business and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operators, train instructors, inspect, calibrate, perform field service and repairs, and operators in the following business are considered in the following business and repairs are considered in the following business and the following business are considered in the following business and the following business are considered in the following business and the following business are considered in the following business and the following business are considered in the following business and the following business are considered in the following business and the following business are considered in the following business are considered in the following business and the following business are considered in the following business and the following business are considered in the following business and the following business are considered in the following business and the following business are considered in the following business are considered in the following business and the following business are considered in the following business and the following business are considered in the following business and the following business are considered in the following business and the following business are considered in the following business and the following business are considered in the following business are considered in the following business are considered in the following business are consid

INTOX DMT

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DATE	以通用的100m 数据中部用户HEATE LEERATORY
NEMBER 230062	

Double J. Mi-Doller

DIRECTORIOF DEPARTMENT OF HEAT PLAND GENIUR SERVICES

TABA (He-ie)



STATE OF MISSOUR!"
DEPARTMENT OF HEALTH AND SENIOR SERVICES

INSTRUMENT OPERATOR CARD

The named cardinabler is authorized to operate an evidential breath alcohol inclosured for the determination of the alcoholic content in breath form of expined a in Microsoft

in Missumi Dominiator — PROCTOR JAMES

Permit No 230052

Date Expires 4/2/202

