RECEIVED

By Tracy Crews at 8:56 am, Mar 03, 2025



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

111 OV DIALIMIT	ENANCE REPUR	K I				REPORT #	
Complete this report at the time of the r Complete this report whenever the instr Retain the original and send a copy with	rument is serviced or re hin 15 days to the Brea	epaired and	d whenev	er it is placed i	ceed 35 days). nto service.		
NAME OF AGENCY 500078 NAME OF AGENCY Missouri State Highway Patrol					DATE OF INSPECTION 03/01/2025		
LOCATION OF INSTRUMENT (STREET AND CITY) Newton County Jail					TIME OF INSPECTION 08:21:12		
CHECKLIST: Place a mark in the box values where determined). Unmarked it	by each item if found to	o be satisfa d before u	actory or i	s operating wi	thin established limits. (Wri	te in observed	
☑ DIAGNOSTIC RECORD							
DATE AND TIME 03/01/2025 08:21:15				☑ DETECTOR			
☑ PROGRAM				☑ FILTER 1			
☑ SAMPLE CHAMBER 48.8°C				☑ FILTER 2			
☑ BREATH TUBE_47.6°C				☑ FILTER 3			
□ PUMP □ □ □ □ □ □ □ □ □ □ □ □				☑ INTERNAL STANDARD			
BREATH ANALYZER ACCURACY S	TANDARDS						
☐ SIMULATOR STANDARD			⊠ COM	MPRESSED ETHANOL-GAS MIXTURE			
STANDARD SUPPLIER INTOXIMETERS LO		LOT#	AG320	501	EXP. DATE <u>07/24/2025</u>		
☐ SIMULATOR TEMP (34°C ± 0.2°C))	SIM. SN			SIM. NIST EXP DATE		
□ CALIBRATION CHECK - (ONLY OR Run three tests using a standard. A of .005 or less. Mark the box correst 0.10% STANDARD - MUS □ 0.08% STANDARD - MUS □ 0.04% STANDARD - MUS	sponding to the standa T READ BETWEEN 0 T READ BETWEEN 0	ard being u).095% AN).076% AN	ised. ID 0.105% ID 0.084%	6 INCLUSIVE 6 INCLUSIVE	nd must nave a spread		
TEST 1: 0.098 TEST 2: 0.098				TEST 3: 0.098			
PERFORM R.F.I. TEST							
INDICATE THE NUMBER OF BREAT	TH TESTS IN THE FO	OLLOWIN	IG RANG	ES SINCE TI	HE LAST MAINTENANC	E REPORT:	
REFUSALS: 3 004: 0	.0509: 3		.1014		.1519: 4	OVER .19: 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATI ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSAI	ON OR MODIFICATION THAT W	VAS MADE TO	RESTORE TI	E INSTRUMENT TO	O OPERATE SATISFACTORILY AND V	VITHIN	
INSPECTING OFFICER							
SIGNATURE MILL 11.			PRINT FULL NAME				
PE II PERMIT NUMBER EXPIRATION DATE		IVIAT	MATTHEW J HICKMAN TELEPHONE NUMBER				
230186	29997WDF099	2/2025		417-895-6			
RETURN COMPLETED REPORT TO	Breath Alcohol by mail, fax, or	l Program, email	Missouri	Department o	f Health and Senior Service	es	



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: 26-Jul-2023

Lot # AG320501 Model 108

Exp Date

24-Jul-2025

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.

EB0010581

EB0010570 EB0010285

EB0010561

EB0010681

Concentration

391.8 ppm

259.8 ppm 209.0 ppm

103.7 ppm

52.22 ppm

RGM Serial No.

EB0010603

EB0010559

EB0010562 EB0010579 Concentration

392.5 ppm

258.9 ppm

104.2 ppm

52.94 ppm

CRM Serial No.

CC727481 CC727496

253.0 ppm

Concentration 800.0 ppm

CRM Serial No.

CC727493

CC727498

Concentration

390.0 ppm

150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:07.26.2023 12:45

Approved for Release:

los Marsola

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

MATTHEW J. HICKMAN

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. Mike Masson DATE ____8/22/2023 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 230186 Davla J. Nichelson

EXPIRES 8/22/2025

DIRECTOR 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

Operator HICKMAN, MATTHEW

Permit No 230186

Date Issued 8/22/2023 **Date Expires** 8/22/2025

