By Tracy Crews at 9:11 am, Feb 03, 2025



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 month Complete this report whenever the instrument is sen Retain the original and send a copy within 15 days to	viced or repaired and	whenever it is place	and the first of the second		
NAME OF AGENCY 500205 Missouri State Highway Patrol			02/01/2025		
LOCATION OF INSTRUMENT (STREET AND CITY) Oregon County Sheriff's Office, Alton, Missouri			13:28:18		
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.					
☑ DIAGNOSTIC RECORD					
DATE AND TIME <u>02/01/2025 13:28:20</u> ☑ DETECTOR					
☑ PROGRAM ☑ FILTER 1					
SAMPLE CHAMBER 48.7°C					
☑ BREATH TUBE 46.8°C ☐ FILTER 3					
☑ PUMP ☑ INTERNAL STANDARD					
BREATH ANALYZER ACCURACY STANDARDS					
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE					
☐ STANDARD SUPPLIER INTOXIMETERS	LOT #	AG320501	EXP. DATE_	07/24/2025	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DAT	E	
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: 0.097	TEST 2: 0.097		TEST 3: 0.096		
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS: 0 004: 0 .05	509: 0	.1014: 1	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFIC/ ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ATION THAT WAS MADE TO R	ESTORE THE INSTRUME	NT TO OPERATE SATISFACTORILY	Y AND WITHIN	
INSPECTING OFFICER SIGNATURE		PRINT FULL NAME			
Lord Beach		TROY M BROYLES			
230182	08/22/2025	08/22/2025 TELEPHONE 1		JUMBER	
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email					



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM**



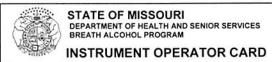
PERMIT TYPE II TROY M. BROYLES

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 Massur-DATE 8/22/2023 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 230182 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

BROYLES, TROY Operator

Permit No 230182

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

