



Airgas Mid America (LABORATORY)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

Customer Name
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 2-Jan-2013

Dear Sir,

This is your Certificate of Analysis:

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
1/2/2015	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) Balance

Lot # AG300201

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.5 ppm	EB0010603	390.9 ppm
EB0010570	258.4 ppm	EB0010559	258.3 ppm
EB0010286	208.9 ppm	EB0010595	209.2 ppm
EB0010561	101.9 ppm	EB0010562	104.9 ppm
EB0010681	53.0 ppm	EB0010579	52.4 ppm

Analytical Method: NDIR

Analyst: 

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IU Serial no: 026999
Version no: 7409

TEST RECORD 01597
Temp Date Time 210L 9/

VOID: SPI
12 11/03/14 15:45

Subject Name

Subject I.D.

Operator Name: I.D.

Location

AS IU Serial no: 026999
Version no: 7409

TEST RECORD 01598
Temp Date Time 210L 9/

Air Blank:
11/03/14 15:52 .000
Calibration Check:
21 11/03/14 15:52 .999

Subject Name

Subject I.D.

Operator Name: I.D.

Location

AS IU Serial no: 026999
Version no: 7409

TEST RECORD 01599
Temp Date Time 210L 9/

Air Blank:
11/03/14 15:55 .000
Calibration Check:
21 11/03/14 15:55 .999

Subject Name

Subject I.D.

Operator Name: I.D.

Location

AS IU Serial no: 026999
Version no: 7409

TEST RECORD 01600
Temp Date Time 210L 9/

Air Blank:
11/03/14 15:57 .000
Calibration Check:
22 11/03/14 15:57 .999

Subject Name

Subject I.D.

Operator Name: I.D.

Location



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

2

PERMIT
TYPE II
SCOTT GARY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, DATAMASTER

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.

DATE 7/22/2014

NUMBER 240301

EXPIRES 7/22/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (8-10)

LAB-4 (88-10)

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

INSTRUMENT OPERATOR CARD

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 GARY, SCOTT
Permit No 240301
Date Issued 7/22/2014 Date Expires 7/22/2016