#### **RECEIVED**

By Tracy Crews at 7:38 am, Mar 10, 2023



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

#### INTOX DMT MAINTENANCE REPORT

REPORT #1

AMERICA III	LOY DIALL MAINTENANC	EREPORT			1121 2111 #1	
Complete this rep	oort at the time of the regular mor oort whenever the instrument is s al and send a copy within 15 days	serviced or repaired and	l whenever it is placed in	• •		
INTOX DMT SN 500084	NAME OF AGENCY Missouri State Highway Patrol			02/28/2023		
	PENT (STREET AND CITY) , Stockton, MO			TIME OF INSPECTION 17:03:09		
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	IME <u>02/28/2023 17:03:12</u> ☑ DETECTOR					
☑ PROGRA	M ITER 1					
SAMPLE	CHAMBER 48.7°C	CHAMBER 48.7°C    FILTER 2				
☑ BREATH	TUBE_48.1°C \square FILTER 3					
☑ PUMP	☑ INTERNAL STANDARD					
BREATH ANAL	YZER ACCURACY STANDARI	DS				
☐ SIMULA	TOR STANDARD		COMPRESSED E	THANOL-GAS MIXTURE		
	SUPPLIER INTOXIMETERS	LOT#_	AG200302	EXP. DATE <u>01/0</u>	03/2024	
☐ SIMULATOR	TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE		
of .005 or les ☑ 0.10 ☐ 0.08	N CHECK - (ONLY ONE STA) sts using a standard. All three tes s. Mark the box corresponding t % STANDARD - MUST READ B % STANDARD - MUST READ B % STANDARD - MUST READ B	to the standard being us BETWEEN 0.095% ANI BETWEEN 0.076% ANI	sed. D 0.105% INCLUSIVE D 0.084% INCLUSIVE	nu must nave a opreda		
TEST 1: 0.099	TEST 2: 0.099			TEST 3: 0.099		
☑ PERFORM F	R.F.I. TEST					
INDICATE THE	NUMBER OF BREATH TESTS	S IN THE FOLLOWIN	G RANGES SINCE T	HE LAST MAINTENANC	E REPORT:	
REFUSALS: 0	! !	.0509: <b>0</b>	.1014: 0	.1519: <b>0</b>	OVER .19: 1	
LIST ANY NEW PARTS (	AND DESCRIBE ANY ALTERATION OR MODIF USE OTHER SIDE IF NECESSARY)	FICATION THAT WAS MADE TO	RESTORE THE INSTRUMENT TO	D OPERATE SATISFACTORILY AND V	WITHIN	
INSPECTING O	FFICER					
SIGNATURE	100		PRINT FULL NAME WILLIAM J WOOL	7		
TYPE II PERMIT NUMBE	C// R/	EXPIRATION DATE	TELEPHONE NUI	MBER		
220160	LETER REPORT TO THE	06/14/2024	417-895-6	6868 		
RETURN COMP		reath Alcohol Program, y mail, fax, or email	Missouri Department o	of Health and Senior Service	ees	



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: 3-Jan-2022

Lot # AG200302 Model 108

**Exp Date** 

Cyl. Type

Component

**Certified Concentration** 

3-Jan-2024

108

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

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

RGM Serial No.	Concentration	<b>RGM Serial No.</b>	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

**CRM Serial No.** 

Concentration

800.0 ppm

**CRM Serial No.** 

Concentration

CC434668 CC234503

253.0 ppm

0056649 0056662 390.1 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Aírgas USA LLC (Lab) Date:01.04.2022 14:36

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

## WILLIAM J. WOOD

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**

or the determination of the alcoholic content of blood from a sample of expire	ed air. Permit issued under the provisions of sections
577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.	40 A

DATE 6/14/2022	Mile Massur
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER <b>220160</b>	D . 1 n
EXPIRES 6/14/2024	Davis J. Nuclselson  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 a

Operator WOOD, WILLIAM

Permit No 220160

Date Expires 6/14/2024

