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By Stephen Wilson at 9:32 am, May 14, 2020



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

INTOX EC/IR II MAINTEN		REPORT
Complete this report at the time of the regular		
days). Complete this report whenever the instru		
into service. Retain the original and send a co		e Breath Alcohol Program, DHSS.
		05/13/2020
12858 Holts Summariant (STREET AND CITY)	are PD	TIME OF INSPECTION
245 South Summit Dr Holts Summit		20:21 CDT
CHECKLIST: Place a mark in the box by each item	if found to be estimate	
established limits. (Write in observed values w		
before using instrument.	nere determined, . onno	
X DIAGNOSTIC RECORD		
X BLANK CHECK	X CO2 CHECK	
X FC 1 TEMP	X FLOW CHECK	
X SRC TEMP	X FCB CHECK	
X DET TEMP	X CRC COMP CH	
X BT TEMP	X CRC CAL CHE	CK
X STD 2 TEMP	X PRINT TEST	
X ETH CHECK		
BREATH ANALYZER ACCURACY STANDARDS		
SIMULATOR SOLUTION	X COMPRESSED	ETHANOL-GAS MIXTURE
X STANDARD SUPPLIER Intoximeters	LOT# AG925203	
SIMULATOR TEMP (34°C ±0.2°C)	SIMULATOR S/N	SIMULATOR EXP DATE
Run three tests using a standard solution and must have a spread of .005 or less. used. (PRINTOUT ATTACHED) D.10* STANDARD - MUST READ BETWEEN 0.00.00* STANDARD - MUST READ BETWEEN 0.00.00.00* STANDARD - MUST READ BETWEEN 0.00.00.00.00.00.00.00.00.00.00.00.00.0	on. All three tests Mark the box corres 095% AND 0.105% INCLU 076% AND 0.084% INCLU	must be within ±5% of the standard value ponding to the standard solution being SIVE
TEST 1 0.102 g/210L TEST 2	0.102 g/210L	TEST 3 0.102 g/210L
INDICATE THE NUMBER OF BREATH TESTS IN THE	FOLLOWING RANGES ST	
		HEE THE EAST PARTIESAANCE XEPOXITE
REFUSALS 0 004 0 .0509	0 .1014 1	.1519 1 OVER .19 1
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MOD	FICATION THAT WAS MADE TO	
SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTH) INSPECTING OFFICER	ER SIDE IF NECESSARY).	
SIGNATURE	PRINT PULL HAME	是是是我们的一个人们们的一个人们的一个人们们的一个人们们们们们们们们们们们们们们们们们们
- 1621	stobbart, n	lck
TYPE II PERMIT NUMBER EXPIRATION DATE	TELEPHONE NUMBER	
290211 09/19/2021	(573)896-46	78
RETURN COMPLETED REPORT TO THE:		
Breath Alcohol Program, Missouri Depa	rtment of Health ar	d Senior Services.
Southeast District Office, 2875 James	Blvd Poplar Bluff	MO 63901



Airgas USA LLC (LAB)

Test Date: 10-Sep-2019

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

Lot # AG925203 Model 108cacd

 Exp. Date
 Cyl. Type
 Component
 Certified Concentration

 9-Sep-2021
 108
 Ethanol
 0.100 ± 2% BrAC (272 ppm)

 Nitrogen
 Balance

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

RGM Serial No.	Concentration	RGM Serial No.	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	CRM Serial No.	Concentration

 CRM Serial No.
 Concentration
 CRM Serial No.
 Concentration

 CC434668
 800.0 ppm
 0056649
 390.1 ppm

 CC234503
 253.0 ppm
 0056662
 150.2 ppm

Analytical Method: NDIR

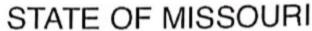
Digitally signed by Quality Control Date: 2019.09.11 13:11:01 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07





DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

NICHOLAS A STOBBART

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 EC/IR II

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 9/19/2019

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

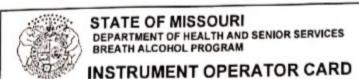
NUMBER 290211

EXPIRES 9/19/2021

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (RS-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 in Missouri.

Operator STOBBART, NICHOLAS

Permit No 290211 Date Issued 9/19/2019

19 Date Expires 9/19/2021

