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By Tracy Crews at 11:00 am, Sep 01, 2021



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

INTOX DMT MAINTENANCE DEPORT

INTOX DMT M	AINTENANCE REI	PORT				REPORT #1	
Complete this report at the time of Complete this report whenever the Retain the original and send a co	ne instrument is serviced	or repaired and	whenever it	is placed i	ceed 35 days). nto service.		
лтох DMT sn 500096	NAME OF AGENCY Missouri State Highway Patrol				DATE OF INSPECTION 08/27/2021		
Troop A Headquarters	CITY)				TIME OF INSPECTION 21:51:40	12	
CHECKLIST: Place a mark in the values where determined). Unma	ne box by each item if fou arked items must be corr	and to be satisfar ected before usi	ctory or is op ing instrumer	erating wit	thin established limits. (W	/rite in observed	
☑ DIAGNOSTIC RECORD							
DATE AND TIME <u>08/27/2021 21:51:43</u>		☑ DETECTOR					
☑ PROGRAM			☑ FILTER				
☑ SAMPLE CHAMBER 48.7°C		☑ FILTER 2					
☑ BREATH TUBE 48.0°C	3		☑ FILTER 3	3			
☑ PUMP			■ INTERNA	AL STANE	DARD		
BREATH ANALYZER ACCURA	ACY STANDARDS						
☐ SIMULATOR STANDARD			☑ COMPRESSED ETHANOL-GAS MIXTURE		Ξ		
STANDARD SUPPLIER INTOXIMETERS		LOT#_	OT#_AG024403		EXP. DATE <u>08/31/2022</u>		
☐ SIMULATOR TEMP (34°C ±	0.2°C)	SIM. SN			SIM. NIST EXP DATE		
□ CALIBRATION CHECK - (O Run three tests using a stand of .005 or less. Mark the box □ 0.10% STANDARD □ 0.08% STANDARD □ 0.04% STANDARD	corresponding to the st - MUST READ BETWE - MUST READ BETWE	tandard being us EN 0.095% ANI EN 0.076% ANI	sed. D 0.105% IN(D 0.084% IN(CLUSIVE CLUSIVE	na mast nave a spicaa		
TEST 1: 0.100	TEST 2	0.100			TEST 3: 0.100		
PERFORM R.F.I. TEST							
INDICATE THE NUMBER OF E	BREATH TESTS IN TH	E FOLLOWING	G RANGES	SINCE TI	HE LAST MAINTENAN	CE REPORT:	
REFUSALS: 0 004: 0	.0509:	0	.1014: 0		.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY A ESTABLISHED LIMITS (USE OTHER SIDE IF N	ALTERATION OR MODIFICATION T ECESSARY)	HAT WAS MADE TO R	RESTORE THE INS	STRUMENT TO	OPERATE SATISFACTORILY AND	DWITHIN	
INSPECTING OFFICER							
SIGNATURE CARACTULATION				PRINT FULL NAME AARON A ENGELHART			
TYPE II PERMIT NUMBER 200223		PIRATION DATE	TEL	EPHONE NUM	MBER		
RETURN COMPLETED REPO	RT TO THE Breath Ale	08/13/2022 cohol Program, l ax, or email		16-622-0 Partment o	f Health and Senior Serv	ices	
MO 580-2898 (5-19)	AN FOLL	AL ODDODTI INITYIAE	IDMATIVE ACTIO	LEMBLOVED			

Airgas.

Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

<u>Customer Name</u> <u>Exclusive Supplier</u> Intoximeters, Inc.

2081 Craig Road St. Louis, Mo 63146 Test Date: 2-Sep-2020

Lot # AG024403 Model 108cacd

Exp. Date 31-Aug-2022

Cyl. Type 108 Component Ethanol Nitrogen Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Balance

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

RGM Serial No. EB0010581

EB0010570 EB0010285

EB0010561

EB0010681

CC234503

CRM Serial No. CC434668 Concentration

392.1 ppm 259.8 ppm 208.0 ppm

103.6 ppm 52.12 ppm

Concentration 800.0 ppm

800.0 ppm 253.0 ppm RGM Serial No.

EB0010603 EB0010559 EB0010595

EB0010562 EB0010579

0056662

Concentration 393.0 ppm

258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm

CRM Serial No.

Concentration 390.1 ppm 150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2020.09.02 19:09:33 -05:00 Reason: Dry gas standard certification of analysis Location: Airgos USA LLC (Lab)

Approved for Release:

Pod Mara

ISO 17025:2005 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

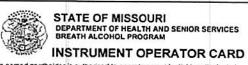
AARON A ENGELHART

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, 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.

DATE8/13/2020	wante			
NUMBER 200223	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
EXPIRES 8/13/2022	Lef Ullan			
MO 580-07/1 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES			



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 ENGELHART, AARON Permit No 200223

Date Issued 8/13/2020 Date Expires 8/13/2022