

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

REPORT #1

INTOX DMT MAINT				105 ()		
Complete this report at the time of the r Complete this report whenever the inst Retain the original and send a copy wit	rument is serviced of I	epalled and will	CHEVEL IL 10 bigger			
NTOX DMT SN NAME OF AGENCY				DATE OF INSPECTION 12/12/2021		
OCATION OF INSTRUMENT (STREET AND CITY)				TIME OF INSPECTION 13:49:10		
201 S. KINGSHIGHWAY SIKEST CHECKLIST: Place a mark in the box	ON,MO 63801	to he satisfactor	v or is operating wit	hin established limits. (Wri	te in observed	
CHECKLIST: Place a mark in the box values where determined). Unmarked	items must be correcte	ed before using	instrument.			
☑ DIAGNOSTIC RECORD						
DATE AND TIME 12/12/2021	13:49:13_		DETECTOR			
☑ PROGRAM			☑ FILTER 1			
SAMPLE CHAMBER 48.7°C						
☑ BREATH TUBE 48.1°C			FILTER 3			
☑ PUMP			INTERNAL STAND	)ARD		
BREATH ANALYZER ACCURACY	STANDARDS		COMPRESSED ET	THANOL-GAS MIXTURE		
SIMULATOR STANDARD	WALTEDS	LOT# AC		EXP. DATE 04/2	22/2022	
STANDARD SUPPLIER INTO		SIM. SN	3011000	SIM. NIST EXP DATE		
☐ SIMULATOR TEMP (34°C ± 0.2° ☐ CALIBRATION CHECK - (ONL' Run three tests using a standard	Y ONE STANDARD I		PER MAINTENAN	NCE REPORT)  nd must have a spread		
of .005 or less. Mark the box cor 0.10% STANDARD - MU  0.08% STANDARD - MU	JST READ BETWEEN  JST READ BETWEEN	0.095% AND 0	).105% INCLUSIVE ).084% INCLUSIVE			
0.04% STANDARD - MUST READ BETWEEN 0.038% AN			0.042% INCLUSIVE	TEST 3: 0.101		
TEST 1: 0.101	TEST 2: 0	).101		1201 3. 0.101		
□ PERFORM R.F.I. TEST     INDICATE THE NUMBER OF BRE	ATU TEOTO IN THE	FOLLOWING	RANGES SINCE T	HE LAST MAINTENANC	E REPORT:	
			1014: 2	.1519: 1	OVER .19: 1	
REFUSALS: 2 004: 10  LIST ANY NEW PARTS AND DESCRIBE ANY ALTE	.0509: 2	AT WAS MADE TO RES	STORE THE INSTRUMENT T		WITHIN	
ESTABLISHED LIMITS (USE OTHER SIDE IF NECES	SSARY)					
		King the second		· A. G. S.		
INSPECTING OFFICER		F	PRINT FULL NAME			
SIGNATURE			DANIEL E JOHN			
TYPE II PERMIT NUMBER	EXP 1	0/14/2022	TELEPHONE N	JIVIDER		
RETURN COMPLETED REPORT	TO THE Breath Alco	ohol Program, M	lissouri Department	of Health and Senior Servi	ices	
	by mail, fax		PMATIVE ACTION EMPLOYE	R	LAB-160	



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 83103 Ph: (314) 533-3100 Fax: (314) 533-7328

# Certificate of Analysis

Chatomer Name Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Tost Date: 23-Apr-2020

### Lot # AG011305 Model 108cacd

Exp. Data 22-Apr-2022

Cyl. Typo

Component Ethanol

Nitrogen

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Balance

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

RGM Sorial No.	Concentration	RGM Sorial 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
EB0010881	52.12 ppm	EB0010579 .	-52.81 ppm
CRM Serial No. CC434668 CC234503	Concentration 800.0 ppm 253.0 ppm	CRM Sorial No. 0055849 0056882	Concentration 390.1 ppm 150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Central Digit: 2020 04 24 14:59:04-65:00 Reason: Dry gas standard cartification of snallysis Location: Argus USA LLC (Leb)

Approved for Release:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.08 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



# STATE OF MISSOURI

## DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



# PERMIT TYPE II

# DANIEL E TOHNSON

	DANIEL E JOHNSON				
le hereby authorized to instruct an and operate the following breath a	nd supervise operators, train instructors, inspect, celibrate, perform field service and repairs, nalyzor(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 308.111 through 308.119 RSMo.					
DATE10/14/2020	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY				
NUMBER 200270					
EXPIRES 10/14/2022	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES				
MD 600-4771 (9-10)	U.S.4 (FIS-12)				



STATE OF MISSOURI

DEPARTMENT OF YEALTH AND REMOR CENTROLS

#### INSTRUMENT OPERATOR CARD

The named cardrottes is subforced to operate an anomalist breath about instrument for the determination of the conhect content in breath form of explined all in lifework.

Operator JOHNSON, DANIEL Parmit No 200270

Data Issued 10/14/2020 Data Expires 10/14/2022

