REVIEWED

By Tracy Crews at 8:19 am, Dec 06, 2021



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

INTOX DMT MAINTENANCE REPORT

	INTENANCE REP				REPORT		
Complete this report at the time of Complete this report whenever the Retain the original and send a cop							
500284	ME OF AGENCY KIRKSVILLE PD			DATE OF INSPECTION 11/10/2021			
LOCATION OF INSTRUMENT (STREET AND CIT 119 E McPherson, Kirksville I	MO 63501			TIME OF INSPECTION			
CHECKLIST: Place a mark in the values where determined). Unmar	box by each item if foun	d to be satis	factory or is operat	ing within established limits	(Write in observed		
☑ DIAGNOSTIC RECORD	ted items must be correc	cted before	using instrument.		. (VVIII.C III ODSEIVED		
DATE AND TIME11/10/20	21.06:18:28		M DETERTOR				
☑ PROGRAM			☑ DETECTOR				
	☑ SAMPLE CHAMBER 48.8°C			☑ FILTER 1			
☑ BREATH TUBE 46.0°C	<u> </u>		☑ FILTER 2				
			☑ FILTER 3				
RREATH ANALYZER ACCURAC	NV OTANDA		☑ INTERNAL S	TANDARD			
BREATH ANALYZER ACCURAC SIMULATOR STANDARD	YSTANDARDS						
	NI ACTOR	☑ COMPRESSED ETHANOL-GAS MIXTURE			JRE		
STANDARD SUPPLIER INTO			AG005803	EXP. DATE	02/27/2022		
☐ SIMULATOR TEMP (34°C ± 0. ☐ CALIBRATION CHECK - (ON Run three tests using a standar of .005 or less. Mark the box c		SIM. SI	٧	SIM. NIST EXP DAT	E		
 ☑ 0.10% STANDARD - N ☐ 0.08% STANDARD - N ☐ 0.04% STANDARD - N 	IUST READ BETWEEN	0.076% AN	ND 0.084% INCLU	SIVE			
EST 1: 0.098	TEST 2: 0	.098	TEST 3: 0.098				
PERFORM R.F.I. TEST							
DICATE THE NUMBER OF BR	EATH TESTS IN THE I	OLLOWIN	IG RANGES SINC	E THE LAST MAINTEN	ANCE REPORT:		
EFUSALS: 0 004: 0	1.0509-0		10. 14: 0	45 40 4			
ST ANY NEW PARTS AND DESCRIBE ANY ALTE TABLISHED LIMITS (USE OTHER SIDE IF NECE	RATION OR MODIFICATION THAT	WAS MADE TO	RESTORE THE INSTRUM	ENT TO OPERATE SATISFACTORILY	OVER .19: 1		
	<u>, </u>						
CDECTING OFFICER							
SPECTING OFFICER							
\mathcal{Q}			PRINT FULL NAME JUAN B CHAI	REZ			
PE II PERMIT NUMBER (2007)		TION DATE	TELEPHON	NUMBER			
TURN COMPLETED REPORT	TO TUE	14/2023		35-6945			
	by mail, fax, o	ol Program, r email	Missouri Departme	nt of Health and Senior Se	ervices		
580-2898 (5-19)	AN EQUAL OF	PORTUNITY/AF	FIRMATIVE ACTION EMPL	OVER			



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
Inteximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 2-Mar-2020

Lot # AG005803 Model 108cacd

Exp. Date 27-Feb-2022

<u>Cyl. Type</u> 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.	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	EB0010565	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm
<u>CRM Serial No.</u>	Concentration	<u>CRM Serial No.</u>	Concentration
CC434668	800,0 ppm	00'56649	390.1 ppm
CC234503		0056662	150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2020,03.02: 10:29:25 - 05:00 Reason; Dry gas standard cortification of analysis Location: Aligas USA LLO (Lab)

Approved for Release:

Rod Marsala

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

JUAN B. CHAIREZ

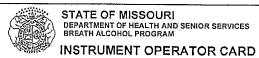
NUMBER **210207**EXPIRES **9/14/2023**

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

Donal S. Rammer

LAB-4 (R6-10)

MO 580-0771 (6-10)



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 CHAIREZ, JUAN Permit No 210207

Permit No. 210207 Date Issued 9/14/2021 Date Expires 9/14/2023

