RECEIVED

By Tracy Crews at 3:28 pm, May 06, 2022



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

INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the regular mont Complete this report whenever the instrument is set Retain the original and send a copy within 15 days to	rviced or repaired and whene	ver it is placed in			
500119 NAME OF AGENCY Missouri State I		05/01/2022			
LOCATION OF INSTRUMENT (STREET AND CITY) 108 Grand Ave, Doniphan, Missouri 63935		TIME OF INSPECTION 23:58:51			
CHECKLIST: Place a mark in the box by each item values where determined). Unmarked items must be	n if found to be satisfactory o	r is operating with	in established limits. (W	rite in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME <u>05/01/2022 23:58:53</u>	TECTOR				
☑ PROGRAM	TER 1		·		
☑ SAMPLE CHAMBER 48.8°C	TER 2				
☑ BREATH TUBE 44.2°C	TER 3				
☑ PUMP	ERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS					
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTUR					
☐ STANDARD SUPPLIER INTOXIMETERS	LOT#_AG02	4403	EXP. DATE <u>08</u>	/31/2022	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN		SIM. NIST EXP DATE_		
 □ CALIBRATION CHECK - (ONLY ONE STAN Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to □ 0.10% STANDARD - MUST READ BE □ 0.08% STANDARD - MUST READ BE □ 0.04% STANDARD - MUST READ BE 	the standard being used. TWEEN 0.095% AND 0.108 TWEEN 0.076% AND 0.08	5% INCLUSIVE 4% INCLUSIVE	d must have a spread		
TEST 1: 0.097	TEST 2: 0.097		TEST 3: 0.097		
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS: 1 004: 51 .0	509: 0 .101	4: 1	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) Time adjusted. This instrument falls within DHSS standards					
INSPECTING OFFICER					
		TIN C JOHNSON			
TYPE II PERMIT NUMBER - HALL TO THE TOTAL TO THE T	EXPIRATION DATE 12/07/2023	TELEPHONE NUM 573-840-9			
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email					



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: 2-Sep-2020

Lot # AG024403 Model 108cacd

Exp. Date 31-Aug-2022 Cyl. Type 108

Component Ethanol

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Nitrogen

Balance

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

RGM Serial No. Concentration EB0010581 392.1 ppm EB0010570 259.8 ppm EB0010285 208.0 ppm EB0010561 103.6 ppm EB0010681 52.12 ppm

Concentration 800.0 ppm 253.0 ppm

RGM Serial No. Concentration EB0010603 393.0 ppm EB0010559 258.2 ppm EB0010595 208.3 ppm 104.2 ppm EB0010562 EB0010579 52.81 ppm

Concentration CRM Serial No. 0056649 390.1 ppm 0056662 150.2 ppm

Analytical Method:

CRM Serial No.

CC434668

CC234503

NDIR

Digitally signed by Quality Control Date: 2020 09.02 19.09.33 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

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

JUSTIN C. JOHNSON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs,

and operate the following breath analyzer(s):	
INTO	OX DMT
for the determination of the alcoholic content of blood from a 577.020 through 577.041, RSMo and 306.111 through 306.	sample of expired air. Permit issued under the provisions of sections
DATE12/7/2021	Laura Q Nay DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 210283	

MO 580-0771 (6-10)

EXPIRES 12/7/2023

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

Donal D. Kann

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 air in Missouri.

Operator JOHNSON, JUSTIN

Permit No 210283

