### **RECEIVED**

By Tracy Crews at 9:39 am, Jan 12, 2022



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

REPORT #1

INTOX DMT	MAINTENANCE RE	PORT				
Complete this report at the time Complete this report whenever Retain the original and send a	r the instrument is service copy within 15 days to th	ed or repaired and w	henever it is placed ir	nto service.		
INTOX DMT SN 500172				01/07/2022		
LOCATION OF INSTRUMENT (STREET AND CITY)  200 Main Street, Boonville, Missouri 65233				21:44:05		
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.						
☑ DIAGNOSTIC RECORD						
DATE AND TIME <u>01/07/2022 21:44:07</u> ☑ DETECTOR						
☑ PROGRAM	-					
SAMPLE CHAMBER	☑ SAMPLE CHAMBER 48.7°C					
☐ BREATH TUBE 43.2	2°C	×	FILTER 3			
☑ PUMP		×	INTERNAL STAND	ARD		
BREATH ANALYZER ACCU	IRACY STANDARDS					
☐ SIMULATOR STANDARD			COMPRESSED ETHANOL-GAS MIXTURE			
☑ STANDARD SUPPLIER _	INTOXIMETERS	LOT#_ <i>_</i>	G011501	EXP. DATE <u>04</u>	/24/2022	
☐ SIMULATOR TEMP (34°C	C ± 0.2°C)	SIM. SN_		SIM. NIST EXP DATE_		
<ul> <li>□ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used.</li> <li>□ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</li> <li>□ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</li> <li>□ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</li> </ul>						
TEST 1: 0.099	TEST	Г 2: 0.098		TEST 3: 0.099		
☑ PERFORM R.F.I. TEST	<u> </u>					
INDICATE THE NUMBER C	F BREATH TESTS IN	THE FOLLOWING	RANGES SINCE T	HE LAST MAINTENAN	CE REPORT:	
REFUSALS: 0 004	: 5 .050	09: 0	.1014: 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)  tested within standards						
INSPECTING OFFICER SIGNATURE PRINT FULL NAME						
TYPE II PERMIT NUMBER		EXPIRATION DATE	TYLER G JOHNS			
200157		04/14/2022	573-751-			
RETURN COMPLETED RE	Dieatti	Alcohol Program, I I, fax, or email	Missouri Department	of Health and Senior Sen	vices	



#### 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: 28-Apr-2020

Lot # AG011501 Model 108cacd

Exp. Date 24-Apr-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.	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
EB0010203	103.6 ppm	EB0010562	104.2 ppm
EB0010681 52.12 ppm		EB0010579	52.81 ppm
	-	CRM Sorial 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: 2020.04 28 18:14:39 -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



### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# PERMIT TYPE II

# TYLER G 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):

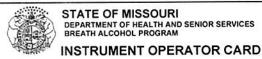
## **INTOX DMT**

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.

<u> </u>	want
DATE 4/14/2020	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 200157	
EXPIRES 4/14/2022	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES

MO 580-0771 (6-10)

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 al

Operator JOHNSON, TYLER

Permit No 200157

Date Issued 4/14/2020 Date Expires 4/14/2022

