RECEIVED

By Tracy Crews at 7:41 am, Jun 13, 2024



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

| INTOX EC/IR II | MAINTENANCE | ! PFD∩PT | | | | |
|---|--|-----------------------|-----------------------------------|-----------------|----------|--|
| complete this report at the time of | the regular ment | 107.00 | | | REPORT | |
| days). Complete this report whenever into service. Retain the original | er the instrument | is corriged | ntenance check (no | ot to exceed 35 | | |
| into service. Retain the original a | and send a copy wi | thin 15 days to 11 | aired and whenever | t it is placed | | |
| INTOX EC/IR II SN | NAME OF AGENCY | chin is days to the | Breath Alcohol Program, DHSS. | | | |
| 12675 | Control of the Contro | 65 D | DATE OF INSPECTIO | ON | | |
| LOCATION OF INSTRUMENT (STREET AND CITY) | Hazelwood Police Dept. | | 06/10/2024 | | | |
| 415 Elm Grove Lane Hazelwood | | | TIME OF INSPECTIO | N | | |
| CHECKLIST: Place a mark in the box by each item if found to be satisfa established limits. (Write in observed values where details and the satisfa | | | 10:42 CDT | | | |
| established limits. (Write in obser | by each item if fo | ound to be satisfac | ctory or is operat | ing within | | |
| established limits. (Write in obser before using instrument. | ved values where | determined). Unmai | rked items must be | corrected | | |
| X DIAGNOSTIC RECORD | | | | | | |
| X BLANK CHECK | | | | | | |
| X CO2 CHECK | | | | | | |
| X FLOW CHECK | | | | | | |
| X SRC TEMP | | X FCB CHECK | | | | |
| X DET TEMP | X DET TEMP X CRC COMP CHECK | | | | | |
| X BT TEMP | | | | | | |
| X STD 2 TEMP | X STD 2 TEMP | | | | | |
| X ETH CHECK | | X PRINT TEST | | | | |
| BREATH ANALYZER ACCURACY STANDA | w27 II | | | | | |
| SIMULATOR SOLUTION | RDS | | | | | |
| X COMPRESSED ETHANO | | | THANOL-GAS MIXT | JRE | | |
| X STANDARD SUPPLIER Intoxi | meters | LOT# AG231902 | EXP. | DATE 11/15/ | 2024 | |
| SIMULATOR TEMP (34°C ±0.2°C) | SIM. | SN | SIM. NIST EXP | | 2024 | |
| | | | 1.401 2.11 | DATE | | |
| X CALIBRATION CHECK - (ONLY ONE | STANDARD IS TO | DE HOED DED | | | | |
| Run three tests using a star | | BE USED PER MAIN | TENANCE REPORT) | | | |
| Run three tests using a standard solution. 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 solution being used. | | | | | | |
| used. | or less. Mark | the box correspo | onding to the st | andard soluti | on being | |
| X 0.10% STANDARD MUST BRAD DEFINE | | | | | | |
| X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE | | | | | | |
| 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE | | | | | | |
| 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE | | | | | | |
| TEST 1 0.100 g/210L | MILON 6 | VX. | | · · | | |
| | TEST 2 = 0.099 | g/210L | TEST 3 0.09 | 9 g/210L | | |
| INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: | | | | | | |
| DEFLICAT C 1 | | | | | | |
| 5 | .0509 0 | .1014 3 | .1519 3 | OVER .19 | 3 | |
| LIST ANY NEW PARTS AND DESCRIBE ANY ALTERA SATISFACTORILY AND WITHIN ESTABLISHED LIMI | TION OR MODIFICATION | N THAT WAS MADE TO RE | STORE THE INSTRUMENT | TO OPERATE | | |
| | TO (OBE OTHER SIDE) | IF NECESSARY). | | | | |
| BA Maint June 2024 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| INSPECTING OFFICER | | | | | | |
| SIGNATURE | | PRINT FULL NAME | | | | |
| ► 10 Co | | Daniel Johnsto | nn | | | |
| TYPE II PERMIT NUMBER EXPIRATION | ON DATE | TELEPHONE NUMBER | 711 | | | |
| 230242 10/31/ | 2025 | (314)838-5000 | | | | |
| RETURN COMPLETED REPORT TO | THE. | | | | | |
| Breath Alcohol Brogram Mi | ···E: | | | | | |

RE

Alcohol Program, Missouri Department of Health and Senior Services, by mail, fax, or e-mail



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: 17-Nov-2022

Lot # AG231902 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

15-Nov-2024

108

Ethanol Nitrogen 0.100 ± 2% BrAC (272 ppm)

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

RGM Serial No. EB0010581 EB0010570

Concentration 391.8 ppm 259.8 ppm 209.0 ppm

EB0010561 EB0010681

EB0010285

103.7 ppm 52.22 ppm

RGM Serial No.

EB0010603 EB0010559

EB0010562 EB0010579 Concentration

392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

CRM Serial No.

CC727481 CC727496

Concentration

800.0 ppm 253.0 ppm

CRM Serial No.

CC727493 CC727498

Concentration

390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:11.17.2022 20:17

Approved for Release:

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466



Paula Nickelson Acting Director

Michael L. Parson Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP6029

Manufacturer: Guth

Model Number:

12V500

Agency:

HAZELWOOD PD

Agency Address: 415 ELM GROVE LANE, HAZELWOOD, MO 63042

NIST THERMOMETER INFORMATION

Serial Number:

17KMM00690

Bias:

0.00

Uncertainty:

0.02

Date of Certification:

10/24/2022

Date of Expiration:

10/24/2023

ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

VERIFICATION RESULTS

Simulator Average

NIST Average

Combined Uncertainty

34.00

34.00

.02

The combined uncertainty is calculated with a k=2 value.

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing:

7/10/2023

Certification Expiration:

7/10/2024

Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving:

BRIANNA MEDRANO

Certification No:

MP6029 7102023

DHSS BAP Scientist Approving

Simulator Calibration Certification

Issued by Lab Manager, DHSS BAP

Revision Date: 06/25/2022

Breath Alcohol Program 1903 Northwood Drive, Suite 4 Poplar Bluff, MO 63901

DHSS BAP Document 3.6A Revision 2 Page 1 of 1



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 23390 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2023, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1207% (w/vol) ethyl alcohol. The expiration date for this lot number is October 17, 2025 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN03072301 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



PERMIT TYPE II

DANIEL JOHNSTON

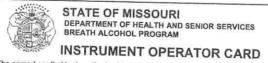
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

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.

| DATE10/31/2023 | Mile Massur |
|--------------------|--|
| NUMBER 230242 | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY |
| EXPIRES 10/31/2025 | Davla J. Nichelson |
| MO 580-G771 (6-10) | DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES |

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 ai in Missouri.

Operator JOHNSTON, DANIEL Permit No 230242

Date Issued 10/31/2023 Date Expires 10/31/2025

