RECEIVED

By Tracy Crews at 7:38 am, May 22, 2024



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

INTOV DMT MAINTENANCE DEDODT

APECCA. III	IOX DIVIT MAINTENANC	E REPORT			REPORT #1
Complete this rep Retain the origina	oort at the time of the regular mo oort whenever the instrument is all and send a copy within 15 day	serviced or repaired and	whenever it is placed i		
1NTOX DMT SN 500080		e Highway Patrol		DATE OF INSPECTION 05/03/2024	
	St., Osceola, MO			TIME OF INSPECTION 08:15:30	
CHECKLIST: Pla	ace a mark in the box by each it ermined). Unmarked items must	em if found to be satisfact to be corrected before using	ctory or is operating with a strument.	thin established limits. (W	/rite in observed
☑ DIAGNOSTI	¢ RECORD				
DATE AND T	IME 05/03/2024 08:15:32		DETECTOR		
□ PROGRA	M 🖾 FILTER 1				
SAMPLE	CHAMBER 48.7°C				
	TUBE_38.5°C				
☑ PUMP	☑ INTERNAL STANDARD				
BREATH ANALY	ZER ACCURACY STANDAR	RDS			
☐ SIMULAT	OR STANDARD		COMPRESSED E	THANOL-GAS MIXTURI	Ē
STANDARD:	SUPPLIER INTOXIMETERS	LOT#	AG335303	EXP. DATE 12	2/19/2025
☐ SIMULATOR	TEMP (34°C ± 0.2°C)	SIM. SN_		SIM. NIST EXP DATE_	
of .005 or less	N CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) sts using a standard. All three tests must be within ±5% of the standard value and must have a spread st. Mark the box corresponding to the standard being used. % STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE. % STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE. % STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE.				
TEST 1: 0.095	TEST 2: 0.095			TEST 3: 0.095	
☑ PERFORM R	F.I. TEST	L			
INDICATE THE	NUMBER OF BREATH TEST	S IN THE FOLLOWING	RANGES SINCE T	HE LAST MAINTENAN	ICE REPORT:
REFUSALS: 0	004: 1	.0509: 1	.1014: 1	.1519: 1	OVER .19: 0
LIST ANY NEW PARTS A ESTABLISHED LIMITS (U	ND DESCRIBE ANY ALTERATION OR MOD ISE OTHER SIDE IF NECESSARY)	FICATION THAT WAS MADE TO R	ESTORE THE INSTRUMENT TO	O OPERATE SATISFACTORILY AN	D WITHIN
INSPECTING O	FFICER				
SIGNATURE	10		PRINT FULL NAME WILLIAM J WOO!	D	
TYPE II PERMIT NUMBE 220160		EXPIRATION DATE 06/14/2024	TELEPHONE NU 417-895-	MBER	
RETURN COMP	LETED REPORT TO THE E	Breath Alcohol Program, by mail, fax, or email	Missouri Department o	of Health and Senior Sen	vices
MO 580-2898 (5-19)		AN EQUAL OPPORTUNITY/AEE	IDMATIVE ACTION EMPLOYE	B	LAR 166





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: 19-Dec-2023

Lot # AG335303 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

19-Dec-2025

108

Ethanol

0.100 ± 2% BrAC (260 ppm)

Nitrogen

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

RGM Serial No. Concentration EB0010581 391.8 ppm EB0010570 259.8 ppm EB0010285 EB0010561

209.0 ppm 103.7 ppm EB0010681 52.22 ppm **RGM Serial No.**

Concentration 392.5 ppm 258.9 ppm

EB0010559 EB0010562 EB0010579

EB0010603

104.2 ppm 52.94 ppm

CRM Serial No.

Concentration

799.4 ppm

CRM Serial No.

Concentration

253.4 ppm

CC727493 CC727498 389.8 ppm 150.2 ppm

Analytical Method: **NDIR**

CC727481

CC727496

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:12.21.2023 20:20

Approved for Release:

ISO 17025:2017 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

WILLIAM J. WOOD

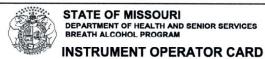
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX DMT

	etermination of the alcoholic content of blood from through 577.041, RSMo and 306.111 through 306	a sample of expired air. Permit issued under the provisions of sections
011.020	and doo. The and doo.	Mike Massur
DATE	6/14/2022	/ like / lassin
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	220160	
EXPIRES	6/14/2024	Daves J. Nichelson
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR 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 a in Missouri.

WOOD, WILLIAM

Permit No 220160
Date Issued 6/14/2022 Date Expires 6/14/2024

