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By Tracy Crews at 3:07 pm, Jul 19, 2024



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

INTOX DMT MAINTENANCE REPORT

| INTOX DIVIT IVIA | HALFIAVIACE K | EPURI | | | REPORT # | |
|--|---|-------------------------|---------------------------------|-------------------------------------|-------------|--|
| Complete this report at the time of Complete this report whenever the Retain the original and send a copy | HISH HIMPIN IS CANAC | OA ALTONAIDA AL | and seeks managed as it is made | exceed 35 days). d into service. | | |
| 500085 NA | ME OF AGENCY Vissouri State Hig | | DATE OF INSPECTION 06/25/2024 | | | |
| LOCATION OF INSTRUMENT (STREET AND CITY #2 Justice Lane, Union, MO | | | TIME OF INSPECTION 13:12:19 | | | |
| CHECKLIST: Place a mark in the values where determined). Unmark | box by each item if | factory or is operating | within established limits. | (Write in observed | | |
| values where determined). Unmark ☑ DIAGNOSTIC RECORD | ed items must be c | orrected before L | ising instrument. | | | |
| DATE AND TIME 06/25/202 | 4 13:12:22 | | M DETECTOR | | | |
| ☑ PROGRAM | | | DETECTOR | | | |
| SAMPLE CHAMBER 48.8°C | | | ☑ FILTER 1 | | | |
| ☑ BREATH TUBE 48.1°C | | | | ☑ FILTER 2 | | |
| Ø PUMP | | ☑ FILTER 3 | | | | |
| BREATH ANALYZER ACCURAC | Y STANDARDS | | X INTERNAL STAI | NDARD | | |
| ☐ SIMULATOR STANDARD | · | | KI COMPRESSED | ETHANOL-GAS MIXTU | IDE | |
| X STANDARD SUPPLIER INTO | STANDARD SUPPLIER INTOXIMETERS | | AG335001 | | | |
| ☐ SIMULATOR TEMP (34°C ± 0.2°C) | | SIM. SN | | EXP. DATESIM. NIST EXP DATE | | |
| ☑ 0.10% STANDARD - M ☐ 0.08% STANDARD - M ☐ 0.04% STANDARD - M TEST 1: 0.099 | UST READ BETW | EEN 0.076% AN | ID 0.084% INCLUSIV | E | | |
| X PERFORM R.F.I. TEST | 1.2012.0.100 | | | TEST 3: 0,099 | | |
| | TATU TECTO IN T | THE FOLLOWING | | | | |
| NDICATE THE NUMBER OF BRI | | | G RANGES SINCE | THE LAST MAINTENA | NCE REPORT: | |
| REFUSALS: 0 004: 0 IST ANY NEW PARTS AND DESCRIBE ANY ALTE STABLISHED LIMITS (USE OTHER SIDE IF NECE | .0509 | 9: 0 | 1014: 0 | .1519: 0 | OVER .19: 0 | |
| NSPECTING OFFICER ISNATURE VPE II PERIVIT NUMBER 230296 | काह हम्माठ छ | | | ÉMANN | 15 15 | |
| RETURN COMPLETED REPORT | Diegili A | | Missouri Department | of Health and Senior Ser | 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: 18-Dec-2023

Lot # AG335001 Model 108

Exp Date 16-Dec-2025 Cyl. Type 108 Component

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Ethanol

Nitrogen

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

| RGM Serial No. | Concentration | | RGM Serial No. | Concentration |
|----------------|---------------|---|----------------|---------------|
| EB0010581 | 391.8 ppm | * | EB0010603 | 392.5 ppm |
| EB0010570 | 259.8 ppm | | EB0010559 | 258.9 ppm |
| EB0010285 | 209.0 ppm | | EB0010562 | 104.2 ppm |
| EB0010561 | 103.7 ppm | | EB0010579 | 52.94 ppm |
| EB0010681 | 52.22 ppm | | | 31 |

 CRM Serial No.
 Concentration
 CRM Serial No.
 Concentration

 CC727481
 799.4 ppm
 CC727493
 389.8 ppm

 CC727496
 253.4 ppm
 CC727498
 150.2 ppm

Analytical Method: NDIR

Approved for Release:

Yusef Woods

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

HUNTLEY H. HOEMANN

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

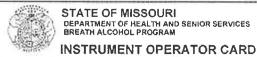
INTOX DMT

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. DATE 12/11/2023 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 230296 EXPIRES 12/11/2025

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB4 (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 at in Missouri.

Operator

HOEMANN, HUNTLEY

Permit No 230296

Date Issued 12/11/2023 Date Expires 12/11/2025

