

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

REPORT #1

INTOX DM I	MAINTENANCE RE	PURI				
Complete this report at the tin Complete this report whenever Retain the original and send a	er the instrument is service a copy within 15 days to the	d or repaired and w	henever it is placed in	nto service.		
INTOX DMT SN 500155	NAME OF AGENCY Missouri State Highway Patrol			12/04/2024		
LOCATION OF INSTRUMENT (STREET A ADAIR CO SO, 215 N. F	ND CITY) RANKLIN ST, KIRKSVII	LLE, MO		11ME OF INSPECTION 09:02:12		
CHECKLIST: Place a mark i values where determined). U	n the box by each item if for	ound to be satisfacte	ory or is operating wit	hin established limits. (Write	e in observed	
☑ DIAGNOSTIC RECORE		1100.00				
DATE AND TIME 12/04/2024 09:02:15						
☑ PROGRAM ☑ FILTER 1						
☑ SAMPLE CHAMBER	FILTER 2	TER 2				
☑ BREATH TUBE 40.6°C ☑ FILTER 3						
☑ PUMP ☑ INTERNAL STANDARD						
BREATH ANALYZER ACC	URACY STANDARDS					
☐ SIMULATOR STANDARD						
STANDARD SUPPLIER	INTOXIMETERS	LOT#_A	G320501	EXP. DATE <u>07/2</u>	4/2025	
☐ SIMULATOR TEMP (34°	C ± 0.2°C)	SIM. SN_		SIM. NIST EXP DATE		
□ 0.10% STANDA     □ 0.08% STANDA	standard. All three tests must box corresponding to the RD - MUST READ BETW RD - MUST READ BETW RD - MUST READ BETW	standard being use EEN 0.095% AND EEN 0.076% AND	d. 0.105% INCLUSIVE 0.084% INCLUSIVE	nd must have a spread		
TEST 1: 0.101 TEST 2: 0.100				TEST 3: 0.101		
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS: 0 00	4: 0 .050	9: 1	1014: 1	.1519: 1	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ESTABLISHED LIMITS (USE OTHER SID Maintenance Test		N THAT WAS MADE TO RE	STORE THE INSTRUMENT TO	O OPERATE SATISFACTORILY AND W	//THIN	
INSPECTING OFFICER	神经性學學					
SIGNATURE (A) GOS			PRINT FULL NAME CODY J SNYDER	CODY J SNYDER		
TYPE II PERMIT NUMBER 240208	47	09/10/2026	TELEPHONE NU	MBER		
RETURN COMPLETED RE	Diealli	Alcohol Program, M , fax, or email	fissouri Department o	of Health and Senior Service	es	



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: 26-Jul-2023

Lot # AG320501 Model 108

Exp Date 24-Jul-2025 Cyl. Type 108 Component Ethanol Certified Concentration 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 209.0 ppm
EB0010561 103.7 ppm
EB0010681 52.22 ppm

RGM Serial No. Concentration
EB0010603 392.5 ppm
EB0010559 258.9 ppm
EB0010562 104.2 ppm
EB0010579 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 Argas USA LLC (Lab) Date 07 26 2023 12 45

Approved for Release:

Rod Marsala

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

# **CODY SNYDER**

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

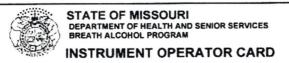
# ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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. adam Huti 9/10/2024 DATE ..... DIRECTOR STATE PUBLIC HEALTH LABORATORY NUMBER 240208\_ Daves J. nichelson EXPIRES 9/10/2026 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 a in Missoun

SNYDER, CODY 240208 Permit No

Date Issued 9/10/2024

**Date Expires 9/10/2026** 

